

**MEMORANDUM OF UNDERSTANDING**

*For Faculty with Joint Appointments at*

North Florida/South Georgia Veterans Health System (NF/SGVHS) and University of Florida (UF)

**INSTITUTIONAL WORK/EFFORT DISTRIBUTION**

Date: \_\_\_\_\_

Investigator Name: \_\_\_\_\_  
Full name: First, MI, Last and Credentials

**Affiliate: University of Florida**

**NF/SGHS: Malcom Randall VAMC**

Position Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Service Chief: \_\_\_\_\_

College: \_\_\_\_\_

Extension #: \_\_\_\_\_

Assignment Percent (%): UF \_\_\_\_\_

VA \_\_\_\_\_

Responsibilities	% of Appointment	Proportion of Total Professional Effort Must = 100%
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**University of Florida**

Research \_\_\_\_\_

\_\_\_\_\_

Teaching \_\_\_\_\_

\_\_\_\_\_

Clinical \_\_\_\_\_

\_\_\_\_\_

Administration \_\_\_\_\_

\_\_\_\_\_

**NF/SGVHS-MRVAMC**

Research \_\_\_\_\_

\_\_\_\_\_

Clinical \_\_\_\_\_

\_\_\_\_\_

Administration \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
ACOS/R Signature  
Name: \_\_\_\_\_  
Associate Chief of Staff for Research

\_\_\_\_\_  
Department Chair Signature  
Name: \_\_\_\_\_  
Department Chair  
Department: \_\_\_\_\_  
College: \_\_\_\_\_

\_\_\_\_\_  
COS Signature  
Name: \_\_\_\_\_  
Chief of Staff, NF/SGVHS

\_\_\_\_\_  
Director Signature  
Name: \_\_\_\_\_  
Executive Health System Director, NF/SGVHS