

# MEMORANDUM OF UNDERSTANDING

*For Faculty with Joint Appointments at*

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

## ***INSTITUTIONAL ACKNOWLEDGEMENT OF WORK/EFFORT DISTRIBUTION***

Date: \_\_\_\_\_ (not binding as the effective date of effort distribution)

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

**Affiliate: University of Florida**

**VA: NF/SGVHS**

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

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

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

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

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

Telephone #: \_\_\_\_\_

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

<b>Responsibilities</b>	<b>% of Appointment</b>	<b>Proportion of Total Professional Effort Must = 100%</b>
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### **University of Florida**

Research	_____	_____
Teaching	_____	_____
Clinical	_____	_____
Administration	_____	_____

### **NF/SGVHS**

Research	_____	_____
Clinical	_____	_____
Administration	_____	_____

Investigator Signature  
***Investigator acknowledges that dual  
compensation for the same effort is prohibited.***

VA Service Chief Signature  
Name: \_\_\_\_\_  
Service: \_\_\_\_\_

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

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

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