

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

NF/SGHS: Malcom Randall VAMC

Position Title: _____

Position Title: _____

Department: _____

Service: _____

College: _____

Telephone #: _____

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
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