

Dual Career Agreement

To implement the dual career agreement and initiate the transfer of funds, submit this **signed agreement** to the Office of the Provost and Academic Affairs (academicaffairs@uoregon.edu). Please type "DUAL CAREER" in the subject line and tag the email for high importance if the request is urgent.

Funding program (select one):

- Dual Career Fellowship
 Dual Career Bridge
 Career Partner Program

Initial Appointment

Name: _____
 Position: _____ Department/Unit: _____

Partner Appointment

Name: _____
 Position: _____ Host Department/Unit: _____
 Additional supporting unit(s), if applicable: _____

Description of the appointment:

- a. Need for the appointment and candidate's relevant education and/or professional experience:

- b. Specific duties or expectations (i.e., course assignments, projects, reports):

Confirmed starting date (or term) of appointment: _____

Confirmed duration of appointment: _____

Funding

Partner Compensation (please complete one line for each contract period):

Contract period (e.g., AY2013-14 or spring 2013)	Base rate (\$)	FTE (x.xx)	Total salary (\$)	Estimated OPE (\$)	Total compensation (salary + OPE) (\$)

Funding Source(s) (please include all parties providing funding and their respective contributions):

*Note: Unless otherwise specified, the **sponsoring unit assumes full responsibility for** (1) any compensation exceeding the amounts noted above; (2) any and all **salary increases**, salary adjustments, or augments during the period covered by this agreement; and (3) any and all compensation after the period covered by this agreement.*

Contract period (e.g., AY2013-14 or spring 2013)	Total compensation (salary + OPE) <i>(from Q12)</i>	[specify Department / Unit] contribution (\$)	[specify Department / Unit] contribution (\$)	[specify School/College] contribution (\$)	[specify School/College] contribution (\$)	Academic Affairs General Fund contribution (\$)

Please note any other significant resources provided by parties to the agreement (e.g., office or lab space, administrative or grant support, equipment).

If applicable, note any plans, expectations, or conditions for continuing the appointment beyond the defined period for dual career funding specified in this agreement.

Signatures required for submission to the Office of the Provost and Academic Affairs.

Printed name of Department/Unit Head (Partner Hire)	Signature	Date
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Printed name of Dean/Associate Dean/Director (Partner Hire)	Signature	Date
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Printed name of Department/Unit Head (Initial Hire)	Signature	Date
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Printed name of Dean/Associate Dean/Director (Initial Hire)	Signature	Date
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Senior Vice Provost for Academic Affairs		Date
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This signed agreement authorizes the transfer of funds and terms of appointment as indicated above. Attach a copy of this signed agreement to the direct hire request.