

UAB / VA JOINT APPOINTMENT MEMORANDUM OF UNDERSTANDING

The UAB/VA MOU defines the formal arrangement between UAB and the VA for UAB faculty who hold a Joint Appointment. It establishes the distribution of effort and provides assurance that any research commitments made can be delivered.

Note: The UAB/VA MOU must be completed in accordance with the [Instructions](#), UAB's Effort Reporting [Policy](#) and [Procedures](#), and the applicable personnel (ACT) forms documenting the faculty member's affiliation with the VA.

| | | | |
|---------------------------|-------------------------|----------------|--|
| UAB Faculty Member | | Date | |
| VA Appointment | (hours per week) | Eighths | |
| Title | | Service | |

| <u>Responsibilities</u> | <u>Hours / Week</u> | <u>Institutional VA Effort</u> |
|-----------------------------|---------------------|--------------------------------|
| Clinical | | |
| Administration | | |
| Teaching | | |
| Research | | |
| Total VA Appointment | | |

| | | | |
|-----------------------------------|------|---|------|
| Director, VA Medical Center | Date | Associate Chief of Staff, Research VA Medical Center | Date |
| Chief of Staff, VA Medical Center | Date | | |

| | | | | | |
|---------------------------|--|-------------------|--|-----------|--|
| UAB Contact Person | | | | | |
| Last Name | | First Name | | MI | |
| Phone | | Email | | | |

| | | | |
|-----------------------------|--|---------------------------|--|
| UAB Appointment Type | | VA MOU OSP# | |
| Title | | Related Grant OSP# | |
| Department | | | |

| <u>Responsibilities</u> | <u>Institutional UAB Effort % *</u> |
|--|-------------------------------------|
| Clinical (Non-HSF) ** | |
| Other (Admin/Dept. Research/Teaching) | |
| Sponsored Research | |
| <i>See Other Support pages for full details.</i> | |
| Total UAB Appointment | |

* UAB Effort % represents a snapshot of the faculty member's effort as of the dates signed below. See UAB's Effort Reporting [Policy](#) and [Procedures](#) for additional information.
 ** Clinical services that are billed by the HSF and any related effort should not be included on this form.

| | |
|---|--|
| Comments | |
| By signing below the UAB Faculty Member is certifying that there is no dual compensation for the same work, nor is there any actual or apparent conflict of commitment regarding such work. | |

| | | | |
|---|------|-----------------------|------|
| Faculty Member, UAB | Date | Department Chair, UAB | Date |
| University Institutional Signature (Req.) | Date | | |