# FINANCIAL AND ADMINISTRATIVE POLICY SYS 237- UTILIZATION OF BORROWED EMPLOYEES

#  ATTACHMENT 237-1

**EMPLOYEE INTERCHANGE AGREEMENT**

**MEMORANDUM OF UNDERSTANDING BETWEEN**

**THE UNIVERSITY OF WISCONSIN- AND**

***(Name of Agency/ Institution)***

PURPOSE: This memorandum provides an understanding for the interchange of an

 employee, ,

*(Name and Title)*

from

*(Name of Sending Agency/Institution)*

referred to as "the sending agency,"

to

*(Name of Receiving Agency/Institution)*

referred to as “the receiving agency”.

AUTHORITY: Section 230.047, *Wisconsin Statutes*.

ASSIGNMENT:

 will assume the duties and responsibilities

*(Name)*

of

*(describe duties)*

in the receiving agency.

HEADQUARTERS: will be located

 .

*(Location)*

GENERAL will report to SUPERVISION: *(Name)*

 .

*(Supervisor)*

EMPLOYE will be on detail to the

STATUS: *(Name)*

receiving agency and solely responsible to that agency for the performance of responsibilities. (S)he will remain an employee of the sending agency and will receive the salary and benefits to which (s)he is entitled.

TRAVEL All travel expenses incurred in connection with the employee's assignments at the EXPENSES: receiving agency will be paid for by the receiving agency on the same basis as

if (s)he were a regular employee of the receiving agency.

REIMBURSEMENT: The receiving agency will reimburse the sending agency

 % of the employee's salary plus fringe benefits or

$\_\_\_\_\_\_\_\_\_/day for the period of duration. Payment will be made upon receipt of invoice from the sending agency.

Invoices should be sent to .

*(Address)*

Receiving agency agrees that any loss or expense by reason of liability imposed by law caused by the employee on worker's compensation benefits for injuries incurred by the employee in connection with the employee's assignments under this agreement will be charged to the receiving agency.

DURATION: This memorandum of understanding is effective and shall continue in effect through , unless

*(Date)*

terminated in writing by any party to this interchange agreement prior to that date.

SPECIAL With regard to the duties performed for the receiving agency, it is understood CONDITION: that the employee is subject to the provisions of SYS-237 and the Admin Code.

Employee Signature Date

University of Wisconsin -

(Name of Agency)

 / / Authorized Institution Approval Date Authorized Agency Approval Date