EMPLOYEE INTERCHANGE AGREEMENT

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE UNIVERSITY OF WISCONSIN-
AND
________________________________________________
(Name of State Agency)

PURPOSE: This memorandum provides an understanding for the interchange of an
employe,__________________________________________________,
(Name and Title)
(Name of Sending Agency/Institution)
referred to as “the receiving agency,” from ______________________,
(Name of Agency)
to _______________________________________________________
(Name of Receiving Agency/Institution)

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 SUPERVISION: _____________________________________________will report to
(Name)
(Supervisor)

EMPLOYEE STATUS: _____________________________________________will be on detail to the
(Name)
(receiving agency and solely responsible to that agency for the performance of
responsibilities. (S)he will remain an employe of the sending agency and will
receive the salary and benefits to which (s)he is entitled.

TRAVEL EXPENSES: All travel expenses incurred in connection with the employe's assignments at the
receiving agency will be paid for by the receiving agency on the same basis as if (s)he were a regular employe of the receiving agency.
REIMBURSEMENT: The receiving agency will reimburse the sending agency _____% of the employee's salary plus fringe benefits at _____% or 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 CONDITION: With regard to the duties performed for the receiving agency, it is understood that the employee is subject to the provisions of Wisconsin Administrative Code.

________________________________________                     ____________
Employe Signature                      Date

University Of Wisconsin - __________________________                     __________________________
(Name of Agency)

________________________________________ / ________                      __________________________ / ________
Authorized Institution Approval             Date                       Authorized Agency Approval             Date

For Classified Employees: __________________________ / ________
Administrator, Division of Classification and Compensation, Department of Employment Relations             Date