

**UC ANR ACADEMIC HUMAN RESOURCES (AHR)
County, Multi-County and Statewide Program/Institute Assignment -
Academics at CE Offices - Agreement Form**

Academic HR Job#: _____ **Requesting Supervisor/PI:** _____

Duration of Appointment: _____ **Requested Headquarter Co.:** _____

There are many UC employment policy considerations for academic employees fulfilling programmatic duties within a multi-county assignment or location. All County Directors/Supervisors are to address and agree to each topic area in a written agreement. Agreements address potential issues that may arise, ensure clarity for the employee assignments and identify supervisory responsibilities.

All parties shall sign the **agreement** to acknowledge and concur with the stated arrangement. The academic's position description must identify all reporting relationships. Agreements should be reviewed and updated when there is a change in Director/Supervisor/Employee. If potential multiple locations are proposed, agreements should be sought prior to the launch of your position.

Definitions:

Headquarter County - The county in which the academic is primarily assigned to carrying out his/her programmatic responsibilities.

Host County - The county (or counties) in which the academic has programmatic responsibilities in.

Multi-County Appointment - When an employee works in two or more locations simultaneously.

Primary Supervisor - An employee who regularly directs the work of the academic and who has administrative responsibilities for the academic. The Primary Supervisor for an academic has final authority on all personnel actions.

Secondary Supervisor/Director (A County Director of Host County (Counties) or Statewide Program Director) - An employee who does not have full supervisory authority for the academic but can provide input. The Secondary Supervisor(s) can provide significant input to the academic's programmatic goals.

To ensure the academic and all parties involved understand the agreed upon arrangements, please address the following:

Primary Supervisor: _____

Headquarter County: _____

County Director of Headquarter County: _____

Host County _____

Additional Host County Director
Secondary Supervisor/Director _____

CE Director/Statewide Director _____

What type of support will the Statewide Program, Headquarter County or Other Host County (s) provide: (check all items that you support and your affiliation)

Telephone	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Vehicle/mileage	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Printer	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Paper	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Toner	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Postage	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Administrative Support	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Online Signature Authority (a. Vacation and sick leave approval b. Timesheets c. Expense reports)	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Reporting & Accountability	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Onboarding Academic	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Assigned Office Space	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Confidential Office Space	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Technology	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
Keys/fobs/passwords and associated fees	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County
County ID /Badges and associated fees	<input type="checkbox"/> Statewide Program	<input type="checkbox"/> Headquarter County	<input type="checkbox"/> Other Host County

Will academic hire staff? Yes No

Other Financial Considerations: _____

Additional Comments: _____

Requested by and in Agreement:

Requesting Supervisor/Principal Investigator Signature Date

Headquarter County Director Signature Date

Secondary Supervisor/Host County Director Signature Date

Director for CE/Statewide Director Signature Date

Reviewed by:

Tina Jordan

Interim Director of Academic Personnel Signature Date

Approved by:

Daniel Obrist

Vice Provost Signature Date