

FINANCIAL AND ADMINISTRATIVE POLICY  
PERSONAL SERVICES PAYMENTS (F31)  
ATTACHMENT 5

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  
employee, \_\_\_\_\_,  
*(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 employee 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 employee'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 employee 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 employe on worker's compensation benefits for injuries incurred by the employe in connection with the employe'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 employe is subject to the provisions of Wisconsin Administrative Code.

\_\_\_\_\_  
Employee 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