MEMORANDUM OF UNDERSTANDING

MOU Routing and Approval Process for School of Medicine University Staff

Submit the department email request and MOU form (see template below), without signatures, for temporary additional pay to the SOM.HR@ucdenver.edu email box, for initial review and SOM approval in order to go forward for HR review. Your request should include the following information:

- The reason for the additional pay should include specific details of the temporary job duties or the project.
- State the time period for additional pay including beginning and end dates. In general, the time period is less than 6 months.
- Provide the dollar amount per month or total flat amount upon project completion.
- The language in the MOU should state that the work completed for the additional duties is in addition to the regular working hours.

Note:

- The requested monthly dollar amount should not exceed 10% of the current gross monthly salary. Additional justification will need to be provided for requests over 10%.
- Prior approval for additional pay is required before the employee begins working on a project or takes on additional duties. Retroactive salary adjustments for work/projects already completed will not be considered.

After you receive initial approval for HR review from Christopher Smith or Luana Tadolini, send the MOU draft along with Chris or Luana’s approval email, to Juli Carey and Loan La, Human Resources. HR must review the form before signatures are obtained.

- After HR approves the temporary additional pay you can route the form for department signatures, including the employee.
- The supervisor and/or DFA and chair will sign for the department.
- Christopher Smith will sign for the SOM.
- HR will return the signed/approved form to the department and copy the SOMHR email box.

The additional pay transaction is created in HCM by the department. Human Resources will approve the transaction.
Template

Memorandum of Understanding
For University Staff positions

[Date]

[Employee Name]
[Address]
[City, State, Zip Code]

Dear [Employee Name]:

The [School/Department name] agrees to pay you a non-base building sum of [dollar amount] for [Give a brief description of the reason the agreement is being requested (the type of work to be done, why the work is necessary, etc.)].

You will receive a one time payment in the amount of [dollar amount] upon completion of the project.

OR

You will receive [dollar amount] per month beginning [month/day/year] and ending on [month/day/year], when the project is expected to end.

This additional payment is not part of your base pay salary and is temporary in nature. This adjustment is included in salary calculations for retirement and overtime purposes (if eligible for overtime). Unforeseen changes in business needs or availability of funds may require modification or cancellation of this agreement at any time, in which you would receive a written notice.
NOTE: This form should be reviewed by HR before signatures are obtained.