COLORADO COMMUNITY COLLEGE SYSTEM

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| --- | --- | --- | --- | --- | --- |
| **Date:** | | Enter today’s date | | | |
|  | | | | | |
| **Route to the following staff at** Choose Requesting Institution**:** | | | | | **Initial after reviewing and signing the MOU and then forward to next person on list.** |
| 1. | Person Making Request ~ Enter Name of Person Making Request | | | |  |
| 2. | Org Code Owner ~ Name of Org Code Owner | | | |  |
| 3. | If Grant Funded ~ Enter name of person in Finance who coordinates grant funding | | | |  |
| 4. | Human Resources Director ~ Enter Name of HR Director at Requesting Institution (reviews base salary and FLSA Status) | | | |  |
| 5. | College Controller ~ Enter Name of Controller at Requesting Institution (reviews funding source and overall review) | | | |  |
| 6. | Chief Financial Officer ~ Enter Name of CFO at Requesting Institution (reviews budget and funds ) | | | |  |
| **Route to the following staff at:** Choose Home Institution | | | | | **Initial after reviewing and signing the MOU and then forward to next person on list.** |
| 1. | Human Resources Director ~ Enter Name of HR Director at Home Institution(reviews for completeness and initiates payroll action) | | | |  |
| 2. | Employee ~ Enter employee’s name ~ (signs and initials overload section if appropriate) | | | |  |
| 3. | Supervisor ~ Enter Name of Employee’s Supervisor ~ (signs to approve employee’s use of time) | | | |  |
| 3. | Controller ~ Enter Name of Controller at Home Institution(reviews for completeness and notes invoice dates ) | | | |  |
| 4. | Chief Financial Officer ~ Enter Name of CFO at Home Institution (reviews for completeness ) | | | |  |
| ***Return forms and folder to:*** *Choose Requesting Institution* ***Human Resource Department***  (Makes & distributes final copies) | | | | | |
| *Return Original to Requester* | | | | | |
| *Distribute Copies to:*   * *Employee* * *Supervisor* | | | * *HR- Requesting Institution* * *Controller-Requesting Institution* * *CFO-Requesting Institution* | * *HR - Home Institution* * *Controller-Home Institution* * *CFO-Home Institution* | |

**Please staple this form to front of a manila folder & place the MOU and any backup material inside the folder.**

**\*\*Please note if you do not fill out the ORG CODE number(s) or if the form is incomplete,**

**the MOU will be returned to the person making the request and delay the process.**