This form should be completed to formalize an agreement between two UW institutions to allow an employe of one institution (Institution A) to do work for another institution (Institution B) only in cases where that work is being performed as part of the normal load for the employe. In cases where the employe is to be paid an additional overload amount for the services, the buying institution should obtain approval to pay the overload and payroll the employe directly. For nonrecurring services that are less than $1,000, Institution B establishes a separate appointment with an appropriate title and pays the employe directly on the UW Processing Center End-of-Month payroll. Completion of the Inter-Institutional Overload Request Form for Unclassified Employes is not required.

The form consists of two parts: The Work Agreement and The Financial Agreement. The Work Agreement and the Financial Agreement should be completed and approved by the Institutional IIA Contact for both institutions and forwarded by the IIA Contact to the UW Processing Center (UWPC) only after institutional approvals are signed by both institutions. UWPC will process all IIA expenditures as direct charges. Institutions that wish to encumber the agreement amount will be responsible for liquidating the encumbrance.

For further information consult the following resources on the World Wide Web:

List of UW Institutional IIA Contacts at http://www.uwsa.edu/fadmin/direct/iaa.htm
Fringe Benefit Account Coding by Institution and Fund at http://www.bussvc.wisc.edu/acct/fringes.html

Work Agreement Form

This agreement is between the department of ________________________________ at UW-________________________________ and the department of ________________________________ at UW-________________________________ for services to be provided primarily by ________________________________ (the SERVICE PROVIDER) of the SELLING institution:

Description of Services:

Duration of Services:

SIGNATURE APPROVALS:

BUYING

<table>
<thead>
<tr>
<th>Department</th>
<th>Date</th>
<th>Department</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean or Director</td>
<td>Date</td>
<td>Dean or Director</td>
<td>Date</td>
</tr>
</tbody>
</table>

SELLING

| Authorized Institution Rep. | Date | Authorized Institution Rep. | Date |
## UW System Inter-Institutional Agreement

### Number _________

### Financial Agreement Form

**Fiscal Year _________ Financial Arrangements**

<table>
<thead>
<tr>
<th>Buying Institution Coding</th>
<th>Selling Institution Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Acct UDDS Act Class</td>
<td>Fund Acct UDDS Act Class</td>
</tr>
</tbody>
</table>

- **Unclassified Salaries**: 1710
- **Classified Salaries**: 1720
- **LTE Salaries**: 1730
- **Student Hrly Salaries**: 1740

**Fringe Benefits**

- **Unclassified @ ____%**
  - Fund: 1898
  - Act Class: **
  - Amount: 1898

- **Classified @ ____%**
  - Fund: 1998
  - Act Class: **
  - Amount: 1998

- **LTE @ ____%**
  - Fund: 1998
  - Act Class: **
  - Amount: 1998

- **Student @ ____%**
  - Fund: 1998
  - Act Class: **
  - Amount: 1998

- **Supplies**: 3798
- **Capital**: 4698

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* Use the extramural support fringe benefit rate of the SELLING institution.

** To determine the Account Number to be used for Fringe Benefit Coding Lines consult http://www.bussvc.wisc.edu/acct/fringes.html. For all funds and units not listed, the Account Number should be the same as the Account Number used for the salaries (generally blank).