

**Financial and Administrative Policy – Inter-Institutional Financial Transactions (F18)
Attachment C**

UW System Inter-Institutional Agreement (IIA)

Number _____

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 payrolls 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:

UW System Financial Policy and Procedure Paper #18 at <http://www.uwsa.edu/fadmin/fppp/fppp18.htm>

List of UW Institutional IIA Contacts at <http://www.uwsa.edu/fadmin/direct/ia.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-_____ (the BUYING institution) and the department of

_____ at UW-_____ (the

SELLING institution) for services to be provided primarily by _____ (the

SERVICE PROVIDER) of the SELLING institution:

Description of Services:

Duration of Services:

SIGNATURE APPROVALS:

BUYING

SELLING

Department

Date

Department

Date

Dean or Director

Date

Dean or Director

Date

Authorized Institution Rep.

Date

Authorized Institution Rep.

Date

Financial Agreement Form

Fiscal Year _____ Financial Arrangements

Buying Institution Coding

Selling Institution Coding

	Fund	Acct	UDDS	Act	Class		Fund	Acct	UDDS	Act	Class	Amount
Unclassified Salaries					1710						1710	
Classified Salaries					1720						1720	
LTE Salaries					1730						1730	
Student Hrly Salaries					1740						1740	
Fringe Benefits												
Unclassified @ ____%*		**			1898			**			1898	
Classified @ ____%*		**			1998			**			1998	
LTE @ ____%*		**			1998			**			1998	
Student @ ____%*		**			1998			**			1998	
Supplies					3798						3798	
Capital					4698						4698	

* 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)