

JOINT APPOINTMENT SUPPORT FORM

JA Action: New Change Termination

Date Prepared: _____

JA Support Recipient Information

Last Name, First Name: _____ Department: _____
 Title: _____ Acct to be Credited: _____
 Employer: _____ Dept Admin Contact: _____
 Institutional Base Salary: _____ Dept Admin Email: _____

JA Support Provider Information

Tufts University Employee # (to be completed by TU) _____

Award # Assigned by Sponsor	DeptID / Accounting Unit	Grant # / Activity #	Support Start Date	Support End Date	Funding Source Annual Salary Cap/Inst. Base Salary	Funding Source Monthly Salary Cap/Inst. Base Salary	Effort Percentage	Allowable Monthly Salary	Fringe
								-	
								-	
								-	
								-	
								-	

Comments

<u>SIGNATURES</u>	
Tufts Medical Center	Tufts Medical Center PO
Authorized Official (typed) _____	_____
Signature _____	_____
Tufts University	
Authorized Official (typed) _____	_____
Signature _____	_____

Joint Appointment Form Guidelines:

- Individuals on JA must be salaried – hourly employees are excluded from JA Program.
- JAs are to be used when both of the following criteria are met:
 - o JA recipient is committing measurable effort to a sponsored project ≤ 25%.
(Exceptions: T32 fellows & CTSI support may exceed 25%.)
 - o No project-related costs other than salary/fringe support are associated with the effort.
- Effort in excess of 25% and/or involvement requiring expense coverage other than salary/fringe, requires the execution of a subaward/subcontract.
- JA Period of Performance must be executed within the Tufts University Academic Year (July-June), eg. cannot extend beyond June 30 for any given period of support.
- Fringe is reimbursed based on the Tufts University restricted fringe rate, regardless of funding source.
(Exceptions: T32 fellows are reimbursed based on home institution's health fee.)