

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) describes the total professional responsibilities of the named investigator as mutually agreed upon by **Arizona Board of Regents, University of Arizona (UA)** and the **Southern Arizona Veterans Affairs Health Care System (SAVAHCS)**. The combination of research, teaching, consulting, administration, and clinical activities comprises 100% of the total professional responsibilities of the named investigator as of the effective date of this MOU and for up to one calendar year thereafter.

EFFECTIVE DATE: _____

TOTAL UA & SAVAHCS HOURS COMBINED: _____

NAME OF INVESTIGATOR: _____

University of Arizona

INVESTIGATOR'S TITLE: _____

RESPONSIBILITIES	# OF HOURS COMMITTED	% OF APPOINTMENT	% OF TOTAL EFFORT
CLINICAL, ADMINISTRATIVE, CONSULTING, AND TEACHING	_____	_____	_____
RESEARCH	_____	_____	_____
TOTAL	_____	_____	_____

Southern Arizona Veterans Affairs Health Care System

INVESTIGATOR'S TITLE: _____

RESPONSIBILITIES	# OF HOURS COMMITTED	% OF APPOINTMENT	% OF TOTAL EFFORT
CLINICAL, ADMINISTRATIVE, CONSULTING, AND TEACHING	_____	_____	_____
RESEARCH	_____	_____	_____
TOTAL	_____	_____	_____

By signing this MOU, I am certifying that 1) there is no possibility of dual compensation or conflict of interest for work being performed by the named investigator, and that 2) there are no outstanding issues that would prevent the named investigator from completing his/her assigned responsibilities at the UA or SAVAHCS since the total time committed meets the test of reasonableness.
