

CWRU/LSCDVAMC/CVAMREF: Form 2
Joint Appointment & Memorandum of Understanding

This form is required when a VA individual is working on a CWRU project, and describes the total professional responsibilities mutually arranged between **Case Western Reserve University (CWRU)**, **Louis Stokes Cleveland DVA Medical Center (LSCDVAMC)**, and the **Cleveland VA Medical Research and Education Foundation (CVAMREF)**. The combination of research, teaching, service, and clinical activities, as applicable, at CWRU, the LSCDVAMC and the CVAMREF comprise 100% of the total professional activities of the individual named below.

Appointee Name: _____ Date: _____
 Period of Appointment: _____ Primary Appointment: _____

CWRU Appointment	
Title of Appointment:	
Percent of time to be spent on teaching, administration, service, clinical activities:	%
Percent of time to be spent on research (list specific grants below):	
_____	%
_____	%
_____	%
Total CWRU Effort:	%

LSCDVAMC Appointment	
Title of Appointment:	
Percent of time to be spent on teaching, administration, service, clinical activities:	%
Percent of time to be spent on research (list specific grants below):	
_____	%
_____	%
_____	%
Total LSCDVAMC Effort:	%

CVAMREF Appointment	
Title of Appointment:	
Percent of time to be spent on teaching, administration, service, clinical activities:	%
Percent of time to be spent on research (list specific grants below):	
_____	%
_____	%
_____	%
Total CVAMREF Effort:	%

Total Professional Effort:	%
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Signatures:

_____	_____
Individual Named Above	Principal Investigator of CWRU Grant
_____	_____
CWRU Department Chairperson	LSCDVAMC Associate Chief of Staff/Research
_____	_____
Research Administration Office	Director, CVAMREF