

AGREEMENT WITH HOME INSTITUTION OF VISITING PROFESSOR (AND INSTITUTIONAL PAYMENT FORM)



For recommendations of appointments of visiting professors if Princeton University is to pay salary to the home institution rather than directly to the individual appointee, with the exception of Princeton-Rutgers Exchange

This form should accompany the appointment form. It should be sent directly to the Office of the Dean of the Faculty for approval and forwarding to outside institutions.

The purpose of this Agreement is to enable the Visiting Professor listed below, who is employed by another institution (Home Institution), to serve as a Visiting Professor at Princeton University. The Visiting Professor wishes to remain an employee of the Home Institution in order to continue to receive various employee benefits provided by the Home Institution. The Visiting Professor requests, and Princeton and the Home Institution agree, in accordance with the terms below, that the Home Institution will provide salary and benefits to the Visiting Professor, and make any withholdings or contributions required by law, and that Princeton will reimburse the Home Institution for the Visiting Professor's salary and benefits.

APPOINTMENT INFORMATION

Date: _____

REVISION (circle changes)

Visiting Professor's Name: _____

Host Department at Princeton: _____

Term of Appointment at Princeton (Term): _____ through _____
MM/DD/YY MM/DD/YY

Teaching assignment while at Princeton:

Amount of Reimbursement to Home Institution: Salary \$ _____ + Benefits \$ _____ = Total \$ _____

Home Institution's benefits rate (if applicable): _____ (not to exceed Princeton's benefits rate) to be charged:

\$Amount	Department	Fund	Program	Site	Project	Activity	Budget	Year
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Note: Salary and benefits reimbursement will be paid to the Home Institution in one lump sum on or about these dates: for Fall Term only appointments, by November 15; for Spring Term only appointments, by April 15; for Academic Year appointments, by February 1.

Name and Address of Home Institution:

Home Institution Contact (Name and Title): _____

Home Institution Contact's Telephone Number: _____

Home Institution Contact's Email Address: _____

Additional Special Payment Instructions:

The parties agree that the Visiting Professor will remain an employee of the Home Institution. The Home Institution agrees to continue to employ the Visiting Professor and provide compensation, benefits (including but not limited to health insurance for the Visiting Professor and his/her family members), to withhold state and federal taxes from the Visiting Professor's compensation as required by law, to continue to provide unemployment insurance coverage and

worker compensation coverage, and to contribute to TIAA-CREF or other applicable retirement accounts, FICA, social security and other applicable state, and federal programs as required by law. (If the Visiting Professor is injured while providing services as a Visiting Professor, he/she agrees that worker's compensation through the Home Institution will be his/her exclusive remedy with respect to the Home Institution and Princeton.)

During the term, the Visiting Professor will, at the direction of the Department Chair, engage in the usual and customary scholarly and professional activities of similarly situated professors at Princeton, including but not limited to teaching, advising, research, publication, and university service, consistent with Princeton's policies. In addition, the Visiting Professor agrees to abide by rules and regulations of Princeton, including those outlined in the [Rules and Procedures of the Faculty of Princeton University](#).

If the Visiting Professor is unable to complete his/her obligations as a Visiting Professor for any reason, Princeton is responsible for reimbursing the Home Institution only for the portion of Term for which the Visiting Professor performed his/her duties.

Princeton University Signatures:

Responsible Officer

Princeton Department Chair

Date Approved: _____

Visiting Professor Signature

Visiting Professor

Outside Institution Signatures:

Responsible Officer

Chair (if appropriate)

Date Approved: _____