MCG Operations Training

Thursday, October 13, 2022





Agenda

Prior Approval Procedures

- Satellite Travel (Nancy Brady)
- Missions and GME Funds (Beverly Bella)

Check Requests

- AU Check Requests
- MCG Foundation
- AU Foundation
- AUMA Check Requests
- Supporting Documentation
- Non-Sponsored Project Forms
- Contract Routing Approval Forms
- Faculty Relocation Expenses
- EPAR Transactions



AUGUSTA UNIVERSITY MEDICAL COLLEGE OF GEORGIA



Prior Approval (PA) Form for AUHS/ AUMA Check Requests

- Should be submitted at least one week prior to event
- Required for

AUGUSTA UNIVERSITY

OF GEORGIA

EDICAL COLLEGE

F

- Any fund use to purchase meals
- Any requests payable to an individual

Form can be found in the MCG Forms Box account under Approval Request Form - NEW



Department Name Department Cost Cent **Request Date** Vendor:

Estimated Cost:

Personal Reimbursement and/or Catering **Approval Request**

Form to be used for Personal Reimbursements (food, supplies, etc..) & Catering (excluding: Faculty development, Physician license renewals and Physician fees)

Describe item/activity	Item/Activity Date	Select Fund Source	Cost
	1 Har Canad	Select Fund Sourc	
		Select Fund Sourc	
		Select Fund Sourc	
		Select Fund Sourc	
	1	Select Fund Sourc	
		Select Fund Source	

Description of requested item(s) to purchase or be reimbursed:

Reason for purchase/reimbursement

Requestor Signature (required)	Requestor Name	Phone number	Date
Department Administrator (required)	Department Administrator Name	Phone number	Date
and the second se	Beverly Bella	Those manifes	Date
Department VP Signature (required)	VP Name		Date

Health

Personal Reimbursement and/or Catering Approval Request		Form to be used for: ering Personal Reimbursements (food, supplies, etc) & Catering (excluding: Faculty development, Physician license renewals an Physician fees)			
Department Name:	Self explanator	y		_	
Department Cost Center:	602057				
Request Date :	Date completing	g the form			
Vendor:	TBD, Varies, in	dividual n	ame, etc.	5	
Estimated Cost:	\$ 1,500.00				
Describe iter	n/activity		Item/Activity Date	Select Fund Source	Cost
Breakfast with st	udents/fa	culty	10/20-21/2022	Missions	\$ 200.00
Dinner wit	h faculty	(- T		Missions	\$ 300.00
Travel expenses	for cand	idate		Missions	\$ 1,000.00
				Select Fund Sourc	
				Select Fund Sourc	
				Select Fund Sourc	
				Select I and Source	
Travel expenses (flig Reason for purchase/rein Recruitment for TRI if you like)	ıbursement:				ne job opening ID
Requestor Signature (rec	uired)	Req	uestor Name	Phone number	Date
Department Administrat	or (required)	Depar	tment Administrator N	ame Phone number	Date
1		Bev	erly Bella		
Department VP Signatur	e (required)		VP Name		Date



Rev. 5/2022





Ţ

- Original documents are to be submitted to HSB-160 \bullet
- Employee reimbursements for home delivery are \bullet unallowable, as they violate AU Purchasing guidelines
- Must be submitted within 45 days or 46+ Day \bullet **Exception Form is required**
- Any expenses over 60 days will be treated as income \bullet and taxed via payroll
- Anything over \$5,000 must be submitted via requisition
- Service Agreement Request (SAR) and W-9 required lacksquare

Forms can be found here: https://my.augusta.edu/finance/controller/accounts_payable/

	Departme	nt Name:		Payee Name	e & Address:			
				Phone Num	per:			
	Account 6 Digits	Fund 5 Digits	Department 8 Digits	Program 5 Digits	Class 5 Digits		^o roject 5 Digits	AMOUNT
CHECK REQUEST								
								S0.00
Justification /Additional In	astructions:		For accurate p check request	osting purposes - <u>per</u> invoice.	Please issue <u>o</u>	one		
	nstructions:		For accurate p check request	osting purposes - <u>per</u> invoice. Attachmen		one		
Justification /Additional In APPROVALS Departmental / Requestor C Name:	ontact:AU	ext:	For accurate p check request	<u>per</u> invoice. Attachmen Attachmen **Plea	nts: Int to be mailed The paperclip a will be enclose	with che	ent to FRONT	of check reque
APPROVALS Departmental / Requestor C Name:	ontact: AU ontact Signature: 	ext:	check request	<u>per invoice.</u> Attachmen Attachmen **Plea and it vendo For Checks	nts: Int to be mailed Ise paperclip a will be enclose r. Is to Vendors or C	with che ttachm	ent to FRONT the check main ernal Parties:	of check reque led to the
APPROVALS Departmental / Requestor C Name: Title: Departmental/Requester Co	Contact: AU ontact Signature: 	ext:	check request	per invoice. Attachmen Attachmen **Plea and it vendo For Checks Mail Check **Acco maileo	nts: Int to be mailed will be enclose r. to Vendors or C to Payee: bunts Payable d. Requests to	with che ttachm ed with t Dther Ext Policy r pick up	ent to FRONT the check main ernal Parties: YES 🔲 equires vendo checks should	of check reque led to the NO 🗌 🕊 or checks to be d be reserved fit
APPROVALS Departmental / Requestor Co Name: Title: Departmental/Requester Co Budget/Fund Approver Nam Budget/Fund Approver Title:	Contact: AU pontact Signature: he: ature:	ext:	Date:	Attachmen Attachmen Attachmen **Plea and it vendo For Checks Mail Check **Acco maileo except	nts: Int to be mailed Int to be mailed Int to be enclose Int Vendors or C Int Vendors or C Int Payee:	with che ttachme ed with t Dther Ext Policy r pick up tances, e	ent to FRONT the check main ernal Parties: YES equires vendo checks should and must be ju	of check reque led to the NO 2 ** or checks to be d be reserved fu
APPROVALS Departmental / Requestor C Name:	iontact: AU ontact Signature: he: ature: Initials:	ext	Date:	Per invoice. Attachmen Attachmen Attachmen For Checks Mail Check **Accco mailed except section	nts: nt to be mailed se paperclip a will be enclose r. to Vendors or C to Payee: bunts Payable d. Requests to tional circumst n below, and a	with che ttachme ed with t Dther Ext Policy r pick up tances, a pproved	ent to FRONT the check main ernal Parties: YES equires vendo checks should and must be ju d by Accounts	of check reque led to the NO - ** or checks to be d be reserved fu ustified in the Payable.
APPROVALS Departmental / Requestor C Name:	iontact: AU ontact Signature: he: ature: ature: ature:	ext:	Date:	Per invoice. Attachmen Attachmen Attachmen For Checks Mail Check **Accco mailed except section	nts: nt to be mailed se paperclip a will be enclose r. to Vendors or C to Payee: bunts Payable d. Requests to tional circumst n below, and a	with che ttachme ed with t Dther Ext Policy r pick up tances, a pproved	ent to FRONT the check main ernal Parties: YES equires vendo checks should and must be ju d by Accounts	of check reque: led to the NO 2 ** or checks to be d be reserved fo ustified in the Payable.
APPROVALS Departmental / Requestor C Name:	iontact: AU ontact Signature: he: ature: ature: ature:	ext:	Date:	Per invoice. Attachmen Attachmen Attachmen For Checks Mail Check **Accco mailed except section	nts: nt to be mailed se paperclip a will be enclose r. to Vendors or C to Payee: bunts Payable d. Requests to tional circumst n below, and a	with che ttachme ed with t Dther Ext Policy r pick up tances, a pproved	ent to FRONT the check main ernal Parties: YES equires vendo checks should and must be ju d by Accounts	of check reque: led to the NO 2 ** or checks to be d be reserved fo ustified in the Payable.



Ţ

- Original, itemized receipts are required
- Must be submitted within 90 days or the Foundation will not pay for any reason
- Attachment A required for all food transactions
- Meal limitations (tip and taxes not included):
 o Breakfast \$15.00 per person
 - Lunch \$18.00 per person
 - Dinner \$75 per person of which \$25 can be alcohol

MCG Foundation policies and forms can be found at https://mcgfoundation.org/policies-and-forms/





MEDICAL COLLEGE FOUNDATION



Check Request Form

	Amount	
	Payee	
	Payee Address	
eimbursements	for meals, refreshments, or entertainment must be accomp	anied by an Attachment A)
approval?	Yes No	
	Fund Description	
	Invoice Number	
	Attn:	us Mail
	Location:	
Date	Signatory 2	Date
16	Print Name	an a
	MCG Foundation Use Only	
	Date Received	
	Date Approved	

Please submit this form, all original receipts, and any necessary supporting documentation to MCG Foundation located at 720 St. Sebastian Way, Suite 150, Augusta, GA 30901 (Attn: Accounts Payable). MCG Foundation's Disbursement Policy can be found at https://mcgfoundation.org/policies-and-forms/. For all other inquiries, please contact the MCG Foundation Accounting Department at (706) 823-5503.

F

- Original, itemized receipts are required ullet
- Catering invoices should break out the cost per head and lacksquarelist out the items served
- Foundation Check Request Justification Form is required lacksquarefor all catering transactions

AU Foundation forms can be found at https://www.augusta.edu/giving/resources.php

	Fund Name:		Payee Name & Address:	Vendor ID:
ALTE			Employee: Student:	Vendor:
AUF CHECK REQUEST	General Ledger Code AUF Accounting Use Only	Foundation Fund Number (6 digits)	Description of Goods or Service *For entertainment, meals, business function employee awards, please complete the AUF Ch Justification Form.	ns, and/or Amount
YES NO	me of Grant (if applicable) : nal Instructions:		or Authorization Number: purposes, please issue <u>one</u> check request <u>per</u> .	Total: \$ 0.00
Jusuileauon / Additio				
Justification / Additio	APPROVALS		Attachments:	
Departmental / Re		LATL out	Attachment to be mailed with check	
Departmental / Re Name:		AU ext:	Compression Cone	
Departmental / Re Name: Title:			Attachment to be mailed with check ** Please paperclip attachment to the Fi	CONT of check request and
Departmental / Re Name:		AU ext: Date:	Attachment to be mailed with check ** Please paperclip attachment to the Fi will be mailed to the vendor. For student or employee related checks:	RONT of check request and (Including professional paid on behalf of a student ck Yes No
Departmental / Re Name: Title: Signature: Authorized Signate	questor Contact:		Attachment to be mailed with check ** Please paperclip attachment to the Fl will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees p employee.) Permission given to another employee to pi	RONT of check request and (Including professional paid on behalf of a studen: ck Yes No k?
Departmental / Re Name: Title: Signature:	questor Contact:		Attachment to be mailed with check ** Please paperclip attachment to the Fl will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees p employee.) Permission given to another employee to pi up your chec	CONT of check request and (Including professional paid on behalf of a student ck Yes No k? Yes No parties**:
Departmental / Re Name: Title: Signature: Authorized Signate Name:	questor Contact:		Attachment to be mailed with check ** Please paperclip attachment to the Fi will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees p employee.) Permission given to another employee to pi up your check Mail check to payed For checks to vendors or other external	CONT of check request and (Including professional paid on behalf of a student ack Yes No k? Yes No parties**: c? Yes No dor checks to be mailed. erved for exceptional
Departmental / Re Name: Title: Signature: Authorized Signato Name: Title: Signature: Additional Signato	questor Contact:	Date:	Attachment to be mailed with check ** Please paperclip attachment to the FF will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees employee.) Permission given to another employee to pi up your chec Mail check to payed For checks to vendors or other external Mail check to payed **Accounts Payable Policy requires ven Requests to pick up checks should be res circumstances, and must be justified in approved by Accounts Payable. **To adhere to AUF policies please confi	RONT of check request and (Including professional paid on behalf of a student of a
Departmental / Re Name: Title: Signature: Authorized Signate Name: Title: Signature:	questor Contact:	Date:	Attachment to be mailed with check ** Please paperclip attachment to the Fi will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees employee.) Permission given to another employee to pi up your chec Mail check to payed For checks to vendors or other external Mail check to payed **Accounts Payable Policy requires ven Requests to pick up checks should be rescircumstances, and must be justified in approved by Accounts Payable.	RONT of check request and (Including professional paid on behalf of a student of a
Departmental / Re Name: Title: Signature: Authorized Signato Name: Title: Signature: Additional Signato	questor Contact:	Date:	Attachment to be mailed with check ** Please paperclip attachment to the Fi will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees p employee.) Permission given to another employee to pi up your chece Mail check to payed For checks to vendors or other external Mail check to payed **Accounts Payable Policy requires ven Requests to pick up checks should be res circumstances, and must be justified in approved by Accounts Payable. **To adhere to AUF policies please confi	RONT of check request and (Including professional paid on behalf of a student) (k: Yes No k? Yes Parties**: ?? Yes Yes No parties**: ?? Yes Yes No ador checks to be mailed. erved for exceptional the section above, and irm that all vendors have mailing or calling
Departmental / Re Name: Title: Signature: Authorized Signate Name: Title: Signature: Additional Signato Name:	questor Contact:	Date:	Attachment to be mailed with check ** Please paperclip attachment to the Fi will be mailed to the vendor. For student or employee related checks: dues, immigration or registration fees p employee.) Permission given to another employee to pi up your chece Mail check to payee For checks to vendors or other external Mail check to payee **Accounts Payable Policy requires ven Requests to pick up checks should be res circumstances, and must be justified in approved by Accounts Payable. **To adhere to AUF policies please confi current year W-9 on file with AUF by e- Foundation Accounting at 721 - 6263.	RONT of check request and (Including professional paid on behalf of a student of a





AUGUSTA UNIVERSITY FOUNDATION

Health AUGUSTA UNIVERSITY		CHEC	K REQUEST RA Numbe	r
	Company	Dept/Cost Center	Object Code	Amount
AUGUSTA UNIVERSITY	1.1.1	602057	714032	50.00
AU Health System	06			
Department Name:				
MCG Dean's Office				
Payee Name and Address:	-	and the second s		50.00
		Invoice #	Invoice	Date
Augusta Marriott Two Tenth Street		22354	10/20/2	2022
Augusta, GA 30901	-	Justifica	tion of Expense	
	Breakfast with T	RIBA candidate, Dr. Peter Pan		
Approvals:			0	
	-	Meditract #	Contracts: Expiratio	n Date
Requestor Approval & Date		incontract #	Lapinato	
		Check	Distribution:	_
Department Approval & Date	Atta	chments Provided for Mailing:	Yes	No
		Vill be Mailed Directly to Payee		
Vice President Approval & Date	Circumstand	f there are Extenuating ces that Require the Check rned to the Department		
Accounts Payable Processor & Date				

Submit completed check request form to Accounts Payable, One Tenth Street, Suite 5000, Augusta, GA 30901

List of AUMA Cost Center and Object Codes can be found here <u>https://my.augusta.edu/au-health-finance/general-ledger</u>



Ţ

Supporting Documentation

- Itinerary
- Itemized receipts that show exactly what was purchased
- Signed PA form, with log if a blanket form
- List of attendees
- If a new company, a W-9





Request to Setup Non-Sponsored Project Form

- Forms are to be submitted annually ullet
- Contact Barandy Brock in the Controller's Office for a ullet**Project ID**
- Include the corresponding BAR form at the same time •

Blank and Sample Forms can be found at

https://my.augusta.edu/finance/controller/financial_accounting/

1	Project:					
ŝ	Source of funding	: Example: MCG Dental F	oundation			
]	Description:					
]	Requestor:		_ Requestor Pho	ne #:		
]	Effective Dates of	Project – Begin I Example:	Date:	End Date:	005	
				maining:		
(Chartfield to charg	ge to if project fail	s budget check:	Example: 10000 20102001	16700 11000	
			<u>Budget Data</u>			
t	Fund	Department	Program	Class	Project	Amount
						-
Signa	ture:					0.00
Арри	roval (for foundat	ion account only)	:			
			-Controller's Us	se		
noo.		Project entered by:		Budget ente	ared by:	

Account	Fund

Authorized

Foundation

Project ID assig

Routing: Please forward this form to the Controller's Office via campus mail or fax to 1-1648. After the project is setup, the form will be forwarded to Budget to be entered. Budget will contact the requestor to notify them of completion.



Updated 01/16/20

Request to setup Non-Sponsored Project

Attach additional sheets as necessary

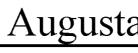
Contract Routing and Approval Form

- When submitting, list a brief description only \bullet
- **GME** Office \bullet

F

- Section 1 should be completed before submitting \bullet
- If being processed through DSPA, signature is required in \bullet section 3
- Word document submission \bullet
- We submit to Legal upon signing

Microsoft Word and PDF versions of form are located in MCG Forms



Please complete this form CONTRACTS (with all accord Form before submitting the GENERAL INFORM Type of Contract / Brief De Contract Period: Start : Other Contracting Party: Is the Other Contracting P Augusta University Contac

2. CERTIFICATION BY

I have read the attached cont services provided (for example dates of payment, confidentia with Augusta University's m this contract and for managin

Signature) Approval by Dean of Schoo University's mission and prio

(Signature)

3. ROUTING AND APPI Review by other Augusta U Review by Office of Control

(Name) Review by SPA (for sponso

(Name) Review by the ITTSS (for [] have no objections, [

(Name) Review by the Enterprise I agreements): (Sig Review by

[check one] as set forth here:

(Name)



Augusta University

CONTRACT ROUTING AND APPROVAL FORM

and obtain all necessary a npanying exhibits, attachme				
package to the Office of Leg		unierus meor por un	euby rejerence muie eo	nu acty to uns completed
ATION				
scription:				
	End:			
arty a nonprofit organizat	ion? (yes)	(no)		
t Person For Contract:				
(1	Name)	(Title)	(Phone)	(E-mail)
(School	l/Center/Institute)	(Depa	rtment)	
RESPONSIBLE AUGUS	TAINNVEDEITVI	DEDSONNET		
ract in its entirety. The com ole, description of goods, de ality provisions). I believe t ission, and that Augusta Un g it if it is executed.	tract accurately descr livery terms, stateme hat the contract is in	ribes the agreemer nt of work) and ol Augusta Universi	bligations imposed (for ty's best interest that the	example, manner and ne activity is consistent
(Na ol / Vice President: The atta prities and such entity can fu			inds designated in the c	
	(rume rume)			(2000)
ROVALS Iniversity Departments/Of Iler (for revenue producin (Signature) red agreements): [□] ha	ng contracts): [□]] 	have no objections	s, []] have certain cor (Date)	(Phone)
(Signature)	(Tit	tle)	(Date)	(Phone)
contracts impacting inform]] have certain concerns [ch	nation technology): eck one] as set forth	here:		
(Signature)	(Tit	tle)	(Date)	(Phone)
rivacy Officer (for contra		·	mation including busi	ness associate
gnature) [other A	(Title) Augusta University		(Date) (e no objections, []] ha	Phone) ave certain concerns
(Signature)	(Title)	(Date)	(Phone)	
		× /		

Faculty Relocation Expenses

- **Available to Full-time Faculty Only**
- **Reimbursement to Company**
 - Reimbursement to be submitted via requisition
 - Be sure the name of the faculty member who will be working for AU, is listed on all bills

Reimbursement to Faculty Member

- AU vs. AUMA check request
- Be sure all receipts are itemized
- **Required Documents**
 - AU Relocation Moving Agreement Form (referenced in offer letter)
 - Reimbursement of Relocation Expenses form
- **Documents should never be submitted directly to Accounts Payable or Payroll without** coming to the Dean's Office first for review and approval



AUGUSTA UNIVERSITY EDICAL COLLEGE OF GEORGIA

EPAR Transactions

Distribution Change ePARs

– ALL faculty transactions with a 20000 or 20300 fund line must include Cheyanna Mitchell as an approver

Supplemental Pay and Ad Hoc Salary Change ePARs

- Approved memos
- Add/Change ePARs
 - Approved Add/Change form that includes Donna's signature

Job Opening Transactions

- SPARC number, if applicable
- Salary
- Distribution lines with percentages
- **Job Posting**
 - Salary



F

AUGUSTA UNIVERSITY MEDICAL COLLEGE OF GEORGIA







Outside Activities and Off-Campus Duty





 Reason for the Policy 	OA Cat
 Employee's Responsibility 	• Form 8
 Supervisor's Responsibility 	 Examp
 Off Campus (OC) vs. 	 Best Pi
Outside Activity (OA)	• OA-2 F
 Limitations on Use 	 Question
 Definitions 	



Categories

- & Documentation
- nples
- Practices
- Form
- stions

Reason for Policy (AU)

- The BOR revised their relevant policy in 2018.
- The AU policy was updated to reconcile to the new BOR policy and simplify the \bullet previous policy to allow for the disclosure of all outside activities attended by our faculty.



Employee Responsibilities

- Choose activities that contribute to their professional growth
- Make sure Outside Activity is approved in advance (especially, if compensated)
- Carefully limit activities so that they do not conflict with their primary obligations as a faculty member
- Ensure the activities do not create a conflict of interest with the university
- MUST RECORD ABSENCES FROM WORK IN THE TIME REPORTING SYSTEM
- At the end of the year, must report activities engaged in throughout the year, by using the OAightarrow2 form





Supervisor Responsibilities (AU)

Whether an employee participates in an Outside Activity or Off Campus ightarrowactivity during work hours is at the discretion of the supervisor whose responsibility is to ensure that the unit is able to meet its mission, and the activity is beneficial to AU.

Supervisors have a responsibility to:

- ✓ remain informed of the professional and outside activities of their employees,
- \checkmark encourage such activities when they are consistent with AU policies, and
- \checkmark advise them of involvement in activities that might jeopardize their career development, interfere with the individual's primary responsibilities, or hinder the achievement of excellence in academic or research programs.







"How will the individual's participation in the activity benefit our university or your college?"

Off Campus Duty

An employee who travels off campus as part of fulfilling his/her normal job responsibilities

- Attending a conference for CME \bullet
- Teaching Off-Campus at a Regional Campus \bullet
- Supervising students in an off-site clinical setting such as Aiken Regional Medical Center \bullet
- Visiting satellite clinics in Valdosta, Albany, Brunswick, etc. ullet
- Conducting seminars or attending training \bullet



Outside Activity

An employee who travels off campus, with or without compensation, to perform services to persons or organizations external to the university

- Presenting papers at professional meetings
- Service in offices or on committees of academic or professional societies
- Service on governmental advisory committees or study sections \bullet
- Teaching/Giving lectures at other academic institutions
- Participating in accreditation visits to other institutions
- Outside consulting



Limitations on Use

- Full-time employees and Fiscal Year Faculty \bullet
 - 20 days per year for Outside Activities (OA)
 - 20 days for Off-Campus (OC) duty
 - Cannot collectively exceed 30 days between the two
- Part-time exempt employees and faculty are approved for pro-rated proportions of the above
- Exceptions must be approved in <u>advance</u> by the respective EVP (Dean)





Ţ

MCG and GCC Form OA-1 Coversheet

Instructions: Complete, print and submit with all OA-1 forms

Employee ID	
Faculty First Name	
Faculty Last Name	
Department	
Fiscal year for activity	
Enter AU FTE	
Maximum allowable number of days for Outside Activity	0
Maximum allowable number of days for Off Campus	0
Maximum combined allowable # of days for Outside Activity and Off	
Campus	0

**Off Campus Days (Teaching off campus, Off Campus Duty, Other outside employment, Other outside teaching or research)

Enter the number of days traveled for this fiscal year-to-date Enter the number of days approved for this fiscal year-to-date (approved but have yet to travel)

Outside Activity Days (Compensated, Uncompensated or Clinical Practice)

Enter the number of days traveled for this fiscal year-to-date Enter the number of days approved for this fiscal year-to-date (approved but have yet to travel)

Total Off Campus and Outside Activity Days

Total number of days traveled for this fiscal year-to-date Total number of days approved for this fiscal year-to-date Sum of traveled and approved days for this fiscal year-to-date

Exceeds the stated limitations combined for Off Campus and Outside Activities (pro-rated for FTE cumulative 30 days)

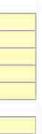
Name of contact completing the form

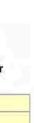
Department Administrator's Name

Department Administrator's approval signature

** General Attendance at conferences that do not require an OA-1 Form, must still be counted towards off-campus days

Comments:







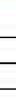


0

0

0

NO



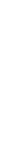


































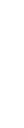


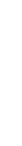


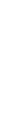




















Definitions (AU)

Compensation

- Any payment, deferred payment, equity, or deferred equity provided in exchange for the expectation that the \bullet employee will perform work or services for the benefit of the outside payer.
- Compensation does not include Honoraria (defined below).

Honoraria

- A payment for a one-time service (such as making a presentation) on which custom or propriety forbids a \bullet price to be set.
- For AU, an honorarium of more than \$1000 (per day) will be considered compensation.

Expense Reimbursements

- Reimbursement for travel, accommodations, meals, etc.
- Expense reimbursement to the university must also be included if those are incurred above the *de minimis* level (staff time, use of printers/copiers, computers, etc.)





Ţ

FORM OA-1

REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY

Submit in advance of an employee's engagement In an outside activity as required by AU Policy @



Name L	ast.	First		MI
College/Unit Name				
Department				
Academic Rank/Title				
SPONSOR INFORMATION	Sec. marine			
include the same and the edde Organization Name	or of unbounged bea	er(0).		
or game action manne	Organization	Laboratory .		
Address	City	(Charles in the second	State	Zip code
Point of Contact	Name		Title	
ACTIVITY INFORMATION				
		C Virtually		Please specify if other loss
Location where services v	ill be performed		or other location)	mease spectry in putter acc
		Offsite Location		Please specify if offsite to
Will any University resour		T Yes	H You'ls entropy	le cherchine and email a si
(e.g., copier, email, PC, administ facilities, travel, per client, etc.)	rative support, bb	E No.	retry burging the	institution for these.
Nature of Proposed Activi		contractivity that will be ope of work if evaluate	performed; attach ac	Attional pages if needed or
	ty contractual so Describe now		tion in the activity w	
Estimated time involved	by contractual so Describe how 4 of days	ope of work if available	tion in the activity an a of hours	
Estimated time involved Time Period Covered	ty contractual so Describe how & of days Start Date:	ope of work if evaluable the individual's personal	tion in the activity w	
Estimated time involved	ty contractual so Describe how & of days Start Date:	ope of work if available the individual's persope	tion in the activity an a of hours	Il benefic the sovwersity
Estimated time involved Time Period Covered Will work be performed e of usual working hours? Will the sponsoring organ	ty contractual so Describe how & of days Start Date: ntirely outside	the individual's personal	tion in the activity w a of hours End Date: elected, phase desc	Il benefic the sovwersity
Estimated time involved Time Period Covered Will work be performed e of usual working hours?	ty contractual so Describe how & of days Start Date: ntirely outside	The individual's personal Ves No No	tion in the activity w a of hours End Date: elected, phase desc	Il benefic the sovwersity
Estimated time involved Time Period Covered Will work be performed e of usual working hours? Will the sponsoring organ expenses? (e.g., travel, per dien)	ty contractual so Describe how & of days Start Date: ntirely outside	Ves Estimate	tion in the activity w a of hours End Date: elected, phase desc	Il benefic the sovwersity
Estimated time involved Time Period Covered Will work be performed e of usual working hours? Will the sponsoring organ expenses?	ty contractual so Describe how & of days Start Date: Intirely outside	Ves Estimate	tion in the activity an a of hours End Date: elected, please denoised ad at S	Il benefic the soversity
Estimated time involved Time Period Covered Will work be performed e of usual working hours? Will the sponsoring organ expenses? Isg. travel, per den) Compensation Amount	ty contractual so Describe how & of days Start Date: Intirely outside Ization cover	The individual's pertrope Yes No Yes Yes Estimate No	tion in the activity w a of hours End Date: elected, phone deno ed at S	Il benefic the soversity the to AU/AURI/Foundation
Estimated time involved Time Period Covered Will work be performed e of usual working hours? Will the sponsoring organ expenses? (e.g., travel, per dien)	ty contractual so Describe flow & of days Start Date: Intirely outside Ization cover	The individual's pertrope Yes No Yes Yes Estimate No	tion in the activity en a of hours End Date: elected, phase deco ed at S SS	Il benefit the university the to AU/AURI/Foundation to Other:
Estimated time involved Time Period Covered Will work be performed e of usual working hours? Will the sponsoring organ expenses? Isg. travel, per den) Compensation Amount	ty contractual so Describe how & of days Start Date: Intirely outside Ization cover	Ves C'Ner Iss No No to employee	tion in the activity en a of hours End Date: elected, phase deco ed at S SS	Il benefit the university the to AU/AURI/Foundation to Other:

above, believe this activity qualifies as an:

10	Outside	Activity -	Compensated	
----	---------	------------	-------------	--

Outside Activity – Clinical Practice

Outside-Activity – Uncompensated

Based on the AU Policy and the stated limitations on the number of days permitted for Outside Activities or the combination of previous Outside Activities and Off-Campus Activities, this request:

Exceeds the stated limitations, therefore, I am requesting an exception to the policy (Requires EVP approval)

Employee Signature	
Section Chief Approval (if applicable)	
Chair/Director Approval	
Dean/VP Approval	

White Monta (Lasse grant be unterthind a time arctitude with Applicable







Categories of Outside Activity

- **Outside Activity Compensated**
 - Activities that result in compensation of \$1,001 or greater
- **Outside Activity Uncompensated**
 - Activities that result in compensation of \$1,000 or less
- **Outside Activity Clinical Practice** \bullet





Outside Activity – Compensated (\$1,001 or greater) (AU)

- Includes paid services such as consulting, teaching (credit or non-credit), speaking, and participating in \bullet business, professional, or service enterprises with external entities.
 - If compensation is \$1,001 or greater, it is ____
 - Payments and expense reimbursement from governmental agencies such as the State of Georgia or the Federal ____ Government (e.g. NIH) are excluded and not considered outside compensation.
 - Likewise, payments from AU (such as for continuing education) or one of our affiliated organizations (such as AU — Health) are **not** considered outside compensation.

Request for Approval	Time Reporting	
OA-1 (new multilevel approval)	Outside Activity – Compensated	Annual Lea the activity working ho
		* <u>http://On</u>



Impact on Annual Leave

ave* is required for those who earn leave if is performed during the employee's usual ours.

neusg.augusta.edu

Outside Activity – Uncompensated (\$1,000 or less) (AU)

- Includes unpaid guest lecturing; unpaid advising or consulting; attending/presenting at professional conferences/meetings, juried art shows; and professional activities such as representing the university on corporate or volunteer boards, journal editorial boards, serving on grant study sections, etc.
 - While these activities may result in honoraria, per diem, and/or out of pocket expense reimbursements, for the purposes of this policy, these payments are **not** considered compensation for work effort.

Request for Approval	Time Reporting	
OA-1 (new multilevel approval)	Outside Activity – Uncompensated	No



Impact on Annual Leave

o leave is required

Outside Activity – Clinical Practice

- All clinical practice by faculty members must be conducted under the approved faculty practice plans of each respective college and is subject to the respective practice plan bylaws.
 - When clinical practice is conducted under an approved faculty practice and part of the faculty member's regular assigned effort, such effort is not considered an Outside Activity.
 - However, clinical practice by faculty within Schools or Colleges that do not have a faculty practice (e.g. Psychology, Sociology) is considered an Outside Activity and is subject to approval.
- Clinical practice performed outside an approved faculty practice plan is <u>not covered</u> by AU-related malpractice insurance.
- Note: This activity is vary rare and requires additional approval prior to participation.

Request for Approval	Time Reporting	
OA-1	Outside Activity – Clinical	A
(new multilevel approval)		e
		th
		*



Impact on Annual Leave

- Annual Leave* is required for those who earn leave if the activity is performed during he employee's usual working hours.
- * http://Oneusg.augusta.edu

Form and Documentation

- International travel Submit an agenda/itinerary at least 20-30 days ahead of time
- Regular travel submit an agenda/itinerary at least 7-10 days ahead of time
- Ensure the estimated time involved for the activity reflects the time engaged in the outside activity
 - Examples
 - A professional is invited to speak at a conference for 1 day and attends the conference for all 7 days
 - A professional is completing a site visit at another institute for a professional accreditation organization for 3 days including travel



Examples:

A faculty member goes off campus to observe a student teacher as part of their faculty role

This time will be recorded as off campus time \bullet

Faculty member is collaborating with faculty at another university on a project

If MCG will benefit from this collaboration, time will be coded as OC

A faculty member will be traveling after hours on Friday to Atlanta for a weekend conference (attending only)

A Travel Authorization form should be completed for this but per HR, an OA-1 should not ulletbecause it takes place during their off time



Example:

A professional is invited to speak at a conference for 1 day and attends the conference for all 7 days

Organization Name	Radiological S	Society of No	orth America (RSNA)	
Address		820 Jorie Blvd., Suite 200		L.M.	Transa area
/ duress	Oak Brook			Illinois	60523
Point of Contact	Dr. Shelly Ste	phens		Profess	sor
ACTIVITY INFORMATION					
Location where services w	ill be performed	and the second sec	lly n-campus or of e Location	her location)	Please specify if othe Oak Brook, IL
Will any University resourd (e.g., copier, email, PC, administr facilities, travel, per diem, etc.)		YesNo			ted, describe and attach ne institution for these.
Nature of Proposed Activi			ar at the 106th ogists and allow		
Estimated time involved		Tellow Faciloit			
Time Period Covered	7 of days Start Date: 1	1/20/2020	F	of hours End Date: 12/05/2020	
Will work be performed en of usual working hours?	ntirely outside	□ Yes ■ No	Storo' is select		
Will the sponsoring organi expenses? (e.g., travel, per diem)	zation cover	□ Yes ■ No	Estimated at	\$	
Componention Amount	None		[]\$	to AU/AURI/Foundati
Compensation Amount	□\$	to employe	e []\$	to Other:
Honorarium Amount	■ None □\$	to employe		□\$	to AU/AURI/Foundati
Other Income Expected	None	Royal to em	C]\$	_ to Other:

1 day – OA Uncompensated; 4 days – OC; 2 days – OC Weekend



Example:

A faculty member has been asked to present a seminar at another institution and meet with faculty

SPONSOR INFORMATION						
Include the name and the addre Organization Name			Health Science Ce	enter		
Address	920 Madison Avenue					
Address	Memphis			Tenness	ee <u>38</u>	
Point of Contact	Janine Titche	ell		Sr. Adm	inistrative Assist	
ACTIVITY INFORMATION						
Location where services v	vill be performed		ally on-campus or other e Location	location)	Please specify Memphis, TN	
Will any University resour (e.g., copier, email, PC, administ facilities, travel, per diem, etc.)		Yes			ed, describe and a institution for 1	
Nature of Proposed Activi			professional accrei	litation		
Estimated time involved	3 of days			of hours		
Time Period Covered	Start Date:	12/15/2019	End	End Date: 12/17/2019		
Will work be performed e of usual working hours?	ntirely outside	🗆 Yes 🔳 No	Tue If 'No' is selected,	please desc	ribe Thu	
Will the sponsoring organ expenses? (e.g., travel, per diem)	ization cover	I Yes	Estimated at \$_	800.00		
	None		🗆 S		to AU/AURI/Fo	
Compensation Amount	S	to employe	e 🔲 S	-	to Other:	
Honorarium Amount	None		🗆 S	<u> </u>	to AU/AURI/Fo	
Honorarium Amount	• s	to employe	e			
Other Income Expected	■ No5=00	Royal to en			to Other:	
Based on the AU Policy and t above, believe this activity q Outside Activity Outside Activity	ualifies as an: y – Compensated	N			sation, etc., I, em ty — Uncompens	

3 days – OA Uncompensated

8163
ant
y if other location
d attach a plan for these
oundation
oundation
ployee named
ated

Example:

A faculty member has been asked to review grant studies for the National Institutes of Health (NIH)

Organization Name National Institutes of Health Address 6701 Rockledge Drive, Room 5202 Bethesda Maryland 2 Point of Contact Nataliya Godienko Scientific Review Officer ACTIVITY INFORMATION Scientific Review Officer Cocation where services will be performed Offisite Location Please specific (from on-campus or other location) Please specific (from on-campus or other location) Will any University resources Participate in NIH grant study No Participate in NIH grant study Please specific (from on-campus or other location) Mature of Proposed Activity Increase national institutes and strengthen external collaboration Simated time involved Of faus Of days Of hours Increase national institutes and strengthen external collaboration Will work be performed entire Increase national mediation Increase	UNSOR INFORMATION ude the name and the address of	
Address 6701 Rockledge Drive, Room 5202 Bethesda Maryland 2 Point of Contact Nataliya Godienko Scientific Review Officer ACTIVITY INFORMATION Virtually Please specific (from on-campus or other location) Offsite Location Please specific (from on-campus or other location) Offsite Location Please specific (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.) Participate in NIH grant study Nature of Proposed Activity Participate in NIH grant study Increase national visibility and strengthen external collaboration Estimated time involved 2 of days of hours Time Period Covered 3 art Date: 10/12/2020 End Date: 10/14/2020 Will the sponsoring organization cover Yes Estimated at \$0.00 expenses? No No expenses? No Increase describe Will the sponsoring organization cover Yes Estimated at \$0.00 Science of the ending No Increase describe No Increase describe Increase describe No Increase describe Increase describe Increase national visibility and strengthen external collaboration Incre		
Bethesda Maryland 2 Point of Contact Nataliya Godienko Scientific Review Officer ACTIVITY INFORMATION Scientific Review Officer Location where services will be performed Virtually Please specif Uill any University resources be required? Yes If 'Yes' is selected, describe and reimbursing the institution for Will any University resources be required? Yes If 'Yes' is selected, describe and reimbursing the institution for Will any University resources be required? Yes If 'Yes' is selected, describe and reimbursing the institution for Nature of Proposed Activity Participate in NIH grant study Nature of hours Time Period Covered 2 of days of hours 3 art Date: 10/12/2020 End Date: 10/14/2020 Wied Will work be performed entirery outside Yes Mon If 'No' is selected, please describe Wed of usual working hours? No Will the sponsoring organization cover Yes expenses? No (e.g., travel, per diem) No Compensation Amount \$ \$ 400 to employee I hone \$		
ACTIVITY INFORMATION Location where services will be performed If Virtually (from on-campus or other location) Please specific (from on-campus or other location) Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.) If Yes If 'Yes' is selected, describe and reimbursing the institution for reimbursing the institution for Participate in NIH grant study Nature of Proposed Activity Increase national visibility and strengthen external collaboration Estimated time involved 2 of days of hours Time Period Covered 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entirely outside of usual working hours? Yes Mon Will the sponsoring organization cover expenses? (e.g., travel, per diem) No No Compensation Amount None \$	dress	and 🔽 20892
Location where services will be performed Virtually (from on-campus or other location) Please specific (from on-campus or other location) Will any University resources be required? (e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.) Yes If Yes' is selected, describe and reimbursing the institution for Nature of Proposed Activity Participate in NIH grant study No reimbursing the institution for Estimated time involved 1 functional visibility and strengthen external collaboration 2 of days of hours 3 art Date: 10/12/2020 End Date: 10/14/2020 Wied Will work be performed entirely outside of usual working hours? Yes Mon Wed Will the sponsoring organization cover expenses? Yes Estimated at \$0.00 Vec Compensation Amount None Yes to AU/AURI/Fe to AU/AURI/Fe Honorarium Amount \$ 400 to employee \$ to AU/AURI/Fe to AU/AURI/Fe	nt of Contact	fic Review Officer
Location where services will be performed (from on-campus or other location) □ Offsite Location Please specif Will any University resources be required? Yes If 'Yes' is selected, describe and reimbursing the institution for is No Participate in NIH grant study No reimbursing the institution for Nature of Proposed Activity Increase national visibility and strengthen external collaboration 2 Estimated time involved 2 of days of hours Time Period Covered 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entirery outside of usual working hours? Yes Mon Wed Will the sponsoring organization cover Yes Estimated at \$0.00	TIVITY INFORMATION	
(e.g., copier, email, PC, administrative support, lab facilities, travel, per diem, etc.) No reimbursing the institution for reimbursing the institution for Nature of Proposed Activity Participate in NIH grant study Nature of Proposed Activity Increase national visibility and strengthen external collaboration Estimated time involved 2 of days of hours 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entirely outside of usual working hours? Yes Mon If 'No' is selected, please describe Wed Will the sponsoring organization cover expenses? (e.g., travel, per diem) No No Estimated at \$0.00 . Compensation Amount None \$	ation where services will	Please specify if other loc Please specify if offsite lo
Nature of Proposed Activity Increase national visibility and strengthen external collaboration Estimated time involved 2 of days of hours Time Period Covered 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entry Image: 10/12/2020 End Date: 10/14/2020 Wed Will the sponsoring organization cover Yes Mon Wed expenses? Image: 10/12/2020 Estimated at \$0.00 Wed Compensation Amount Image: 10/12/2020 Image: 10/12/2020 Wed Honorarium Amount Image: 10/12/2020 Image: 10/14/2020 Wed Image: 10/12/2020 Image: 10/12/2020 Image: 10/14/2020 Wed Image: 10/12/2020 Image: 10/12/2020 Image: 10/14/2020 Wed Image: 10/12/2020 Image: 10/12/2020 Image: 10/14/2020 Wed Will the sponsoring organization cover Image: 10/12/2020 Image: 10/12/2020 Wed Compensation Amount Image: 10/12/2020 Image: 10/12/2020 Image: 10/12/2020 Image: 10/12/2020 Will the sponsoring organization cover Image: 10/12/2020 Image: 10/12/2020 Image: 10/12/2020 Image: 10/1	., copier, email, PC, administrati	
Increase national visibility and strengthen external collaboration Estimated time involved Time Period Covered 2 of days of hours 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entirery outside of usual working hours? Image: Covered of the sponsoring organization cover expenses?		
Estimated time involved 2 of days of hours Time Period Covered 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entirely outside of usual working hours? Image: Selected, please describe Wed Will the sponsoring organization cover expenses? Image: Selected, please describe Wed (e.g., travel, per diem) Image: Selected, please describe Image: Selected, please describe Compensation Amount Image: Selected, please describe Image: Selected, please describe Honorarium Amount Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected, please describe Image: Selected,	ture of Proposed Activity	
Time Period Covered 3 art Date: 10/12/2020 End Date: 10/14/2020 Will work be performed entirely outside of usual working hours? Yes Mon Wed If 'No' is selected, please describe If 'No' is selected, please describe Wed Will the sponsoring organization cover expenses? Yes Estimated at \$0.00 . (e.g., travel, per diem) In No No . Compensation Amount None \$		oration
Will work be performed entirely outside of usual working hours? Yes Mon Wed If 'No' is selected, please describe If 'No' is selected, please describe Wed Will the sponsoring organization cover Yes Estimated at \$0.00 . expenses? No No . (e.g., travel, per diem) No No . Compensation Amount None \$to AU/AURI/Fe Honorarium Amount \$400 to employee \$to AU/AURI/Fe	imated time involved	
of usual working hours? If 'No' is selected, please describe Will the sponsoring organization cover expenses? (e.g., travel, per diem) Image: None Image: N	ne Period Covered	/14/2020
expenses? (e.g., travel, per diem) Compensation Amount Image: None Image: Signal strain strai		Wed
Compensation Amount \$	penses?	
Compensation Amount \$		to AU/AURI/Foundation
Honorarium Amount $\blacksquare \400 to employee \square $\$$ to Other:	npensation Amount	
El coo	norarium Amount	to AU/AURI/Foundation
Other Income Expected 600 to employee to Other: to Other:		to Other:
Based on the AU Policy and the attestation as to the nature of the work and related compensation, etc., I, em above, believe this activity qualifies as an: Outside Activity – Compensated Outside Activity – Clinical Practice	ove, believe this activity qual	

3 days – OA Uncompensated



ed

Per HR, this is does not need to be reported because it takes place during the off hours of the individual

Example:

Faculty member is driving to Atlanta, after work on Friday, to attend and present at the Fall CME meeting sponsored by the GA Chapter of the American Academy of Pediatrics.

Organization Name	GA Chapter A	American Aca	idemy of P	ediatrics				
	2205 Peacht	2205 Peachtree Street N						
Address	Atlanta			Georgia	✓ Zip cod			
Point of Contact	Name			Title				
ACTIVITY INFORMATION								
Location where services w	ill be performed		n-campus o	r other location)	Please specify if ot			
		Offsite	Location		Atlanta, GA			
Will any University resource (e.g., copier, email, PC, administr		Yes			ed, describe and atta			
facilities, travel, per diem, etc.)	acive support, rati	No No		reimbursing th	e institution for these			
Nature of Proposed Activit	Attend and p		all CME Me	eting				
	Increase natio	nal visibility ar	nd strength	en external collabo	ration			
Estimated time involved	2 of days			of hours				
Time Period Covered	Start Date: 1	10/31/2020	Fri	End Date: 11/0	01/2020 Sat			
Will work be performed en of usual working hours?	ntirely outside	Ves	If 'No' is se	lected, please desc	ribe			
Will the sponsoring organi expenses? (e.g., travel, per diem)	zation cover	Yes	Estimate	d at \$ 400.00				
	None			TS.	to AU/AURI/Founda			
Compensation Amount	0 s	to employee			to Other:			
Honorarium Amount	None	to employee			to AU/AURI/Founda			
Other Income Expected	None	Royal to em	1.1	□ \$	to Other:			

2 days – Off Campus Weekend



OA-2 Form

- Notification will be sent out at the beginning of ightarrowJune for the completion of the OA-2 (Annual Report on Outside Activity) form by June 30th
- The OA-2 is required to be completed <u>only</u> by \bullet those employees 'who have engaged in outside professional activity' throughout the year
- Once approved, the form will be returned to the ightarrowdepartment

	List
	(e
Start Date	Organization sponsoring or service
Faculty N	Nember:
Chair:	
Dean:	
Submit or	iginal request to Dean's Office. The app

OA-2 Form: 5/20



education.

Employee ID:

Department

Name (Last, First):

Annual Report on Outside Professional Activity and Continuing Education

This form is to be submitted annually by faculty members who are required to report on outside professional activity or continuing education under the university's policies concerning outside professional activity and employment, research, and continuing

Academic Rank/Title:

College:

Reporting Period*:

*Beginning and ending dates of contractual obligation

Activities in Approximate Chronological Order xtend on supplemental sheet, if necessary)

or receiving the OA bevo	
or receiving the OA bevo	
	Compensation beyond expenses

Signature

Date

Signature

Date

Signature

Date

roved original form will be returned to the appropriate Department Chair for record retention



