

Instructions – Personal Services Agreement Duke Sponsor Form

This form must be used for an Institute for Medical Research (IMR) employee who will be working at Duke for a short specified period of time, usually not longer than 12 months. Please refer to the following instructions when completing this form:

Part I: Check the appropriate box to indicate if this is a New Agreement, a Modification to an existing PSA agreement, or an Extension of an existing PSA agreement.

Part II: Box 1: Self-explanatory.

Part III: Box 2: This box is pre-populated. No action required. *NOTE: If any information is incorrect, please contact your assigned Research Administrator (RA) within the Office of Research Administration (ORA).*

Box 3: This box is pre-populated. No action required. *NOTE: If any information is incorrect, please contact your assigned Research Administrator (RA) within the Office of Research Administration (ORA).*

Part IV: Box 4: Self-explanatory.

Box 5: Self-explanatory.

Box 6: Enter complete contact information for the IMR Principle Investigator (name, title) and same for IMR Supervisor, if different than the IMR PI.

Box 7: Self-explanatory.

Part V: Box 8: Self-Explanatory.

Box 9: Enter the percent of the employee's effort for this specific project.

Box 10: Enter the estimated total cost for the project, including General & Administrative (G&A). Estimated total Cost = projected salary covering the period of proposed assignment (Box 16) * percent of effort Box 9) * number of months (Box 16) plus G&A. *NOTE: This amount may include "projected" IMR increases.*

Box 11: Enter information for the Duke Principle Investigator (name and title).

Box 12: Enter the Sponsoring Entity (e.g., NIH) and award number (e.g., 5 R01 CA012345-02).

Box 13: Enter Duke's SPS # and the department grant manager.

Box 14: Self-explanatory.

Box 15: Identify the location where employee will perform above named duties.

Box 16: Enter the proposed beginning and end dates for the term of the proposed assignment for this specific project.

Part VI:

Box 17: Self-explanatory.

Part VII:

Box 18: (a) Signature of IMR Principle Investigator. (b) Self-explanatory (c) Self-explanatory.

Box 19: (a) Signature of Duke University authorized representative (ORA). (b) Pre-populated (c) Self-explanatory.

Box 20: (a) Signature of IMR authorized representative. (b) Pre-populated (c) Self-explanatory.

Upon completion submit the completed Personal Services Agreement to Office of Research Administration at contracts.management@mc.duke.edu.

Personal Services Agreement Duke Sponsor Form

Part I – Nature of the Service Agreement New Agreement Modification Extension

Part II – Information on Participating Institute for Medical Research (IMR) Employee

1. Name (Last, First Middle)

Part III – Parties to Agreement – Name and Mailing Address

2. Sponsor:

Duke University

3. Recipient of Funds:

Institute for Medical Research
Attn: Mary E. Powell
508 Fulton Street, VAMC 151
Durham, NC 27705

Part IV – Position Data – Current (IMR)

4. Employee's IMR Position Title:

5. Current Annual Salary:

6. IMR Principal Investigator (PI) (Name, Title) & IMR Supervisor (Name, Title), if different than PI:

7. Total Cost of Annual Salary and Benefits:

Part V – Position Data – For Proposed Assignment (Duke)

8. Employee's proposed Duke Position Title:

9. Percent Effort:

10. Total Estimated Cost (Including G&A):

11. Duke Principal Investigator (PI) (Name & Title):

12. Sponsor & Award Number:

13. Duke's SPS Number (e.g., SPS #012345) and Department Grant Manager:

14. Brief Description of Employee's Duties at Duke associated with this specific project:

15. Performance Site Location:

16. Period of Proposed Assignment: From To

Part VI – Data Security – Clinical Services

17. Data belonging to Duke University will not be taken outside of Duke and/or stored on any non-Duke device.

Agreed - Not Agreed -

Part VII – Signatures

This written agreement constitutes the entire agreement between Duke University and Institute of Medical Research, Inc., for the temporary employment of the Participating Employee and may not be changed without mutual written consent of both institutions. At the termination of the agreement, the employee's effort expended on this temporary assignment will return to the position listed in Part-IV, Box #4.

THE FINAL INVOICE IS DUE WITHIN 60 DAYS AFTER THE END OF THE PERFORMANCE PERIOD

18a Duke Principal Investigator Signature	19a IM Research Authorized Signature	20a Duke University Authorized Signature
18b Typed Name & Title	19b Typed Name & Title Mary E. Powell Executive Director	20b Typed Name and Title Jennifer McCallister Assistant Dean, ORA
18c Date	19c Date	20c Date