

**UF International Center
Faculty Agreement for Study Abroad Programs**

I, **«Faculty»**, in my capacity as Program Director, Faculty, or Staff for the **UF in «Location» «Term»** Program, agree that I shall perform the normal duties of a Program Director for the University of Florida International Center.

The normal duties of a Program Director and faculty member may include but are not limited to the following:

1. Active recruitment of students for the program.
2. Provide academic advisement for prospective students.
3. Serve as a guide and responsible counselor on academic and student life matters for students who are enrolled in the program while abroad.
4. Provide the Executive Director of the International Center with a program completion report within 30 days of the last day of the program.
5. Serve as a liaison officer for the University of Florida in any emergency situation that might arise in the foreign country and immediately notify the Executive Director of the International Center in the event of any such emergency and fully advise of all details. Notify UFIC that all students have safely arrived for start of program.
6. Perform other responsibilities deemed reasonable, necessary and proper by the International Center for the advancement of the purposes of the program, which includes participating in all program related activities.
7. In the event that services are not completely performed, the program coordinator/faculty will return all or a prorated portion of the compensation received.
8. All program expenditures must be budgeted and approved by the International Center in advance. Compensation for services will be as established below.
9. Complete and provide to the International Center the Emergency Information Worksheet prior to departure. All faculty involved in the program should maintain a copy of such information throughout the duration of the program.
10. Be thoroughly familiar with the Emergency Response Policy.

In consideration of the performance of the responsibilities agreed to in this agreement and pursuant to adequate student enrollment, the International Center will provide:

Admin and Salary **	«Admin Salary_»	<i>Travel Allowance Detail:</i>	
Fringe FBP(3.9%)	«Fringe_»	Airfare	«Airfare_»
<u>Total Travel Allowance</u>	«Travel Allowance_»	Housing	«Housing_»
		Meals, not to exceed	«Meals_»
		Other	«Other_»
		<i>Baggage fees, as budgeted</i>	«Baggage_Fees»
<u>TOTAL COMPENSATION</u>	«Total_»	<u>TOTAL TRAVEL ALLOWANCE</u>	«Total1_»

The travel allowance is based on maximum 62% of Dept. of State allowance for per diem, actual housing costs, actual airfare or other agreed upon compensation per budget, baggage fees per budget for programs 3 weeks or longer. Receipts for housing, airfare, baggage, and incidentals per UF Travel guidelines must be provided for reimbursement. The department's travel reimbursement will be processed in the faculty member's department. The following person(s) are the departmental contacts for salary and travel:

Travel: Name _____ Dept. _____
Phone # _____ P.O. Box # _____ e-mail: _____

II. Each program has a designated budget approved by the International Center. All encumbrances from UFIC program accounts must be approved in writing by the Dean of UFIC and/or the UFIC Business Manager of Administrative Services. No compensation will be considered for non-budgeted expenses. Unexpected expenses for support of student/program activities must receive approval prior to expenditure. Travel receipts must be submitted to your department no more than 10 days after your return. Program expense receipts must be submitted to UFIC within 30 days of the completion of the program.

III. This agreement is contingent on the enrollment and participation of **«Bkeven»** students. The disbursement of funds is based on student payments and collection of sufficient funds based on the advertised program budget.

IV. Upon required "International Travel Registration" at <http://www.ufic.ufl.edu/travelregistration.html>, you will be enrolled in the Travel Assist Plan for emergency medical assistance.

I have a _____ 9 month OR _____ 12 month faculty appointment

Signature _____ **UFID #** _____ **Date** _____

Leonardo Villalón _____
Dean, UFIC _____ **Date** _____

Pat Schauweker _____
Business Manager, UFIC _____ **Date** _____