WashU
Office of Graduate Medical Education

MEMORANDUM OF UNDERSTANDING

GME Float Program Coordinator

This Memorandum of Understanding (MOU) is entered into by and between the WU/BJH/SLCH Graduate Medical Education Consortium (GME) and **Department/Program**.

Department/Program requests to contract the GME Float Program Coordinator (Float PC) to assist in educational and administrative needs as outlined below:

1. **Time Commitment**
    a. ____ hours per week for _____ weeks are committed to the program by the GME Float PC.
       ACGME program-specific Program Coordinator FTE Requirement: [_____/not applicable]

    b. Events outside of standard work hours have been discussed and agreed to as listed:

    c. Detailed work schedule:
       Monday/Tuesday/Wednesday/Thursday/Friday

2. **Anticipated Start Date**
       [Date]

3. **Anticipated End Date**
       [Date]
    a. This may be revisited on _____ [Date]

4. **Work Site**
       This position will be mainly provided remotely. The instances where the Float PC is asked to be on site in Program's office:
    a. [dates & program office location]

5. **Specific Tasks** are outlined in the *Float PC Support Addendum*.

6. **Supervision & Contacts**: Float PC will report to _____.
    a. Program Director(s), APDs, and other immediate program contacts:
        i.
    b. Other education or department/admin coordinators:
        i.

7. **Access Needed**
   a.

8. **Regularly scheduled Program meetings** the Float PC should attend:
   a.

9. **Billing and Cost Center**
   GME will bill via Workday Cost Center for the time worked by the Float PC.
   a. Please provide Cost Center:
   b. Business Office Point of Contact
   Name:
   Email:

This Memorandum of Understanding is the complete agreement between GME and Department/Program. It may be subject to amendment by an updated written agreement and signed by each of the parties involved.

Graduate Medical Education

_____

Bethany Millar   Date
Director, Graduate Medical Education

_____

Leigh Ann Bryant   Date
Float Coordinator, Graduate Medical Education

Department/Division/Program

_____

Division Director Name & Signature   Date

_____

Program Director Name & Signature   Date

Attachment(s):
Float PC Support Addendum