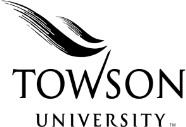
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**CONTINGENT CATEGORY I REQUISITION**

Office of Human Resources 8000 York Rd Towson, MD 21252-0001 410-704-2162

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee Information** | | | | | | |
| Does the Employee have an active staff/faculty work assignment? Yes  No  \* If no, new employee must receive a background check at least five business days prior to start date. Start date is considered "anticipated” and will be confirmed by OHR. | | | | | | |
|  |  |  | | |  |  |
| Name: |  | | Employee ID: |  | | |

**Please complete and obtain appropriate approvals**

Renewal must be submitted with signed Contingent I Agreement or Sponsored Research Contract.

The Department is required to obtain all required signatures before submitting to OHR.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position Information** | | | | | | |
| Internal Title: |  | | Budget Code: | |  | |
| Division: |  | | Supervisor Name: | |  | |
| Department: |  | | Timesheet Approval: | |  | |
| In a 30 day period, select the average hours per week. **A selection must be made**; forms without a selection will be returned to the Requestor. | | | | | | Choose an item. |
| Start Date (anticipated for new employees): | |  | Contract Max: |  | | |
| End Date (cannot be greater than 6 months from start date): | |  |

|  |  |
| --- | --- |
| **Rate of Pay (only select one) \*Will be confirmed by OHR based on the duties described on Contingent I Agreement** | |
| Is this assignment to teach a non-credit course? If so, provide amount per course: | $ |
| Is the employee performing an exempt function **and** paid at least $910 per every pay period s/he is on contract? If so, provide bi-weekly rate. \*Contact OHR if unsure of "exempt function" | $ |
| All other assignments, provide hourly rate: | $ |

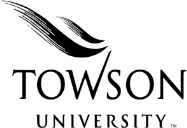
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | |  | | |  |  |
| Requestor Name: |  | | Requestor Extension: |  | Requestor Email: |  |

|  |  |
| --- | --- |
| **Required Approvals- Required PRIOR to submitting to the Office of Human Resources** | |
| Requestor: | Date: |
| Department Head/Chair: | Date: |
| Dean/Assoc VP/Asst VP: | Date: |
| Divisional Budget Officer: | Date: |
| University Budget Office: | Date: |
| Provost/Vice President: | Date: |

**For OHR use:**

Classification: Classification Code: Pay Range: FTE:

OHR Approval: Date:

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**CONTINGENT CATEGORY I AGREEMENT**

Office of Human Resources 8000 York Rd Towson, MD 21252-0001 410-704-2162

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agreement** | | |  |  |
| This agreement is made between TOWSON UNIVERSITY (hereinafter called "University") and       (hereinafter called "Employee"), whose Employee I.D. Number is      and is not effective until signed by Towson University's Associate Vice President of Human Resources. | | | | |
| **Appointment and Position- The University appoints the Employee as follows:** | | | | |
| Internal Title: |  | | | |
| Start Date:  Leave blank for new employees |  | End Date:  Cannot be more than 6 months after start date | |  |
| Average hours per week: |  | Rate of pay **(only complete one)**: | | $      per hour  $      per pay period  $      per class |
| Department: |  |
| Budget Code: |  |

|  |
| --- |
| **Position Description**  *This information is collected for the purpose of establishing an agreement between the employee and the University. Failure to provide this information will prevent the agreement from being processed. This information may be inspected, amended or corrected by contacting the Office of Human Resources. This information is not generally available for public inspection. It will be shared only with other departments at the University, the University System of MD, the State of MD, the US federal government, and with other entities as permitted by law and/or as authorized by you.* |
| The main purpose of the Employee's position shall be, but is not limited to: |
| **General Conditions** |
| A. Contingent Employment is governed exclusively Board of Regents (“BOR”) Policy VII-1.40*: USM Policy on Contingent Status for Non-exempt and Exempt Staff Employment* (“Policy”) and *TU Policy on Contingent Status for Non-exempt and Exempt Employees* (“Policy”). The term and conditions of these Policies are incorporated by reference into this agreement. |
| B. All hourly contingents are non-exempt employees of the University. Non-exempt employees cannot work overtime without a prior written agreement authorizing the overtime. Authorized overtime will be earned at a rate of not less than one and one-half hours for each hour of overtime worked. |
| C. Employees designated as Category I are not eligible for paid leave benefits. |
| D. The employee shall be covered by Worker’s Compensation and unemployment insurance; and is eligible to enroll in non-subsidized group insurance, supplemental retirement plans, and employee-only contribution tax-deferred investment programs. |
| E. The employee shall have the required mandatory deductions via payroll deduction, e.g., Maryland and Federal Income Tax withholding, and Federal Insurance Contributions Act (FICA), which includes Social Security and Medicare. |
| F. This appointment provides no assurance of permanent employment, even if a regular position for the function becomes available. Neither this agreement nor the services to be rendered hereunder may be assigned or transferred by the employee. |
| G. In accordance with the policy on nepotism, the Employee verifies that if he/she is related to a member of staff or faculty, then a "Supervisor-Subordinate" relationship DOES NOT exist between the Employee and any member of the engaging department. |
| H. Employment under this contract is at will. Either the Employee or the University may terminate this agreement by giving the other two weeks written notice. In addition, the University may terminate immediately upon notice for insufficient funds, default, or unsatisfactory performance by the employee. The University may also, upon written notice to the Employee, reduce the Employee’s work time and corresponding wage amounts, and/or furlough the Employee. If the Employee is compensated as a flat rate, rather than designated hourly, then the flat rate shall be pro-rated in the event of any such termination, furlough, alteration or other action. |
| I. The provisions of this agreement shall be governed by the laws of Maryland. |

|  |  |
| --- | --- |
| **Required Signatures:** | |
| Employee: | Date: |
| Associate Vice President of Human Resources: | Date: |