Purpose of Contingent Category I Employment Contract: **Initial Hire**:  **Contract Renewal**:  **Contract Amendment**:

Contingent Category I employees are subject to terms and conditions of this written contract. Contracts are not to exceed six months. Worker’s Compensation Insurance is provided for job related injuries. Appointees must meet the minimum qualifications and be paid within the appropriate pay scales of the associated position. Appointees are eligible for overtime for hours worked in excess of 40 hours per week. Contracts set to work greater than or equal to 50% Full Time Equivalent (FTE) can be renewed for one six month renewal contract for a maximum of one year. Contracts less than 50% FTE can be renewed indefinitely with six month contract renewals.

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| **Requesting Department Information** | | | | | |
| Initiator Name: |  | Phone: |  | Email: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract Information** | | | | | | | | | | | |
| **Section 1** |  | | |  | |  | | |  | |  |
| Name: |  | | | Department: | |  | | | Dept. ID #: | |  |
| Are you 18 years of age or older? | | No, Please continue with NEX Minor Only Contract. | | | | | | | Yes, Use Non-Exempt Contract | | |
| Employee ID: |  | | | | | | Location Work Performed: | |  | | |
| Supervisor/ Sponsor Name: |  | | | | | | Supervisor/Sponsor Job Title: | |  | | |
| Supervisor/Sponsor Background Check Completed? | | | | | | | Yes: | | | | |
| Current University System of Maryland Employee/ Student? | | | Yes: / No: | | | | If Yes, Where?: | |  | | |
|  | | |  | |  | | | | | |  |
| **Section 2** | | |  | |  | | | | | |  |
| Contract Start Date/Onboarding: | | |  | | Contract End Date (must be within 6 months of start): | | | | | |  |
| Funding Source (mark all that apply): | | | State:  Grant:  Revolving:  Other: | | | | | | | | |
| FTE (actual or closest estimate): | | | % | | Average hours worked per week: | | | | | |  |
| If working greater than or equal to 30 hours a week, employee must have alternative health and prescription coverage as defined under the Affordable Care Act. **REQUIRED FOR APPROVAL** | | | | | | | | | | **Guardian Initials:** |  |
|  | |  | | | | | |  | | |  |
| **Section 3** | |  | | | | | |  | | |  |
| **Check One Below:** | |  | | | | | | | | | **Hourly Rate:** |
| Existing Non-Exempt Position | | Job Code: | | | | | | Job Title: | | | $ |
| General Assistant (N79GAU) | | Clerical:  Labor:  Tutor:  Other: | | | | | | | | | $ |

|  |  |  |  |  |  |  |  |
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| **Required Attachments** | | | | | | | |
| Application/Resume Attached: | | Yes: | | | **MUST BE ATTACHED** | | |
| Summary of Duties Attached: | | Yes: | | | **MUST BE ATTACHED** | | |
| Justification for Position Attached: | | Yes: | | | **MUST BE ATTACHED** | | |
|  | |  | | |  | | |
| **Signatures/Approvals** | | | | | | | |
| We, the undersigned, certify that we have reviewed the above and agree to all terms of this agreement with the University of Maryland, Baltimore (UMB) in accordance with UMB Policy **VII - 1.40 (B) - UMB POLICY ON CONTINGENT EMPLOYMENT.** We further understand that this agreement may be terminated at any time. **REQUIRED FOR APPROVAL** | | | | | | **Guardian Initials** | |
|  | |
| **HR Compensation Signature:** |  | | Date: |  | | | |
| Printed name: |  | |  |
| **Department Approver:** |  | | Printed name: |  | Date: | |  |
| **VP/Dean Signature:** |  | | Printed name: |  | Date: | |  |
| **Parent/Guardian Signature:** |  | | Printed name: |  | Date: | |  |
| **Employee Signature:** |  | | Printed name: |  | Date: | |  |