Purpose of Contingent Category I Employment Contract: **Initial Hire**:  **Contract Extension**:  **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 Extension.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requesting Department Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initiator Name: |  | |  | |  | | | Phone: | | | |  | | | | | | Email: | |  | | | | | | | | |
| **Section 1** |  | | | | | |  | | | | | |  | | | | | | | |  | | | |  | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | | **Employee ID:** | | | | |  | | |
| Building Code: |  | | | | | | | | | | | | Location Work Performed: | | | | | | | |  | | | | | | | |
| Dept ID #: |  | | | | | | | | | | | | Department: | | | | | | | |  | | | | | | | |
| Supervisor Name: |  | | | | | | | | | | | | Supervisor Job Title: | | | | | | | |  | | | | | | | |
| Telework/Remote Employee? | | | | Yes: / No: | | | | | | | | | If Yes, Where?: | | | | | | | |  | | | | | | | |
| Foreign National on a VISA? | | | | Yes: / No: | | | | | | | | | If yes, please contact Compensation | | | | | | | | | | | | | | | |
| MD State Retiree? | | | | Yes: / No: | | | | | | | | | If Yes, Retirement Date: | | | | | | | |  | | | | | | | |
| Employee 18 years of age or older? | | | | Yes: / No: | | | | | | | | | If No, use minor non-exempt contract | | | | | | | | | | | | | | | |
| Current USM Student? | | | | Yes: / No: | | | | | | | | | If Yes, Where?: | | | | | | | |  | | | | | | | |
| **Section 2** | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | |
| **Contract Start Date/ Intake:** | | | |  | | | | | | | | | | | **Contract End Date** | | | | | | | (Must be within 6 months of start): | | | | | | |
| If applicable, Adjusted Contract Start Date: | | | | | |  | | | | | If applicable, Human Resource Services Initials: | | | | | | | | | | | |  | | | | | |
| Funding Source (mark all that apply): | | | | State:  Grant:  Revolving:  Other: | | | | | | | | | | | | | | | | | | | | | | | | |
| FTE (actual or closest estimate): | | | | % | | | | | | Average hours worked per week: | | | | | | | | | | (39 hours/week maximum for General Associate) | | | | | | | | |
| **Section 3** | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | |
| **Check One Below:** | | | | **Job Code:** | | | | | | | | | | | | **Job Title:** | | | | | | | | | **Hourly Rate:** | | | |
| Existing Non-Exempt Position | | | |  | | | | | | | | | | | |  | | | | | | | | | $ | | | |
| General Assistant **(N79GAU)** | | | | Clerical:  Labor:  Tutor:  Other: | | | | | | | | | | | | | | | | | | | | | $ | | | |
| General Associate **(N80GAW)** | | | | Linked Job Code: | | | | | | | | | | | | Linked Title: | | | | | | | | | $ | | | |
| **Section 4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application/Resume Attached: | | | | | | | | | Yes: | | | | | | | | | | **MUST BE ATTACHED FOR INITIAL CONTRACT** | | | | | | | | | |
| Summary of Duties Attached: | | | | | | | | | Yes: | | | | | | | | | | **MUST BE ATTACHED** | | | | | | | | | |
| Justification for Position Attached: | | | | | | | | | Yes: | | | | | | | | | | **MUST BE ATTACHED** | | | | | | | | | |
| Justification for Contract Amendment: | | | | | | | | | Yes: | | | | | | | | | | **IF APPLICABLE** | | | | | | | | | |
| **Section 5 - Dual Employment within the University Systems of Maryland or other Maryland State Agencies.**  *The employee shall notify the employer of dual employment within other USM Institutions and/or MD State Agencies. If my dual employment status changes after this contract is signed, I must notify my employer immediately in order to maintain this contract as valid.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **As of today’s date I am also employed within another USM Institution or MD State Agency:** Yes: / No:  **Employee initials: \_\_\_\_\_\_\_**  If yes, please list the USM Institutions and/or MD State Agencies below and initial here: **\_\_\_\_\_\_\_**  Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours/week \_\_\_\_ Employment Status\* \_\_\_\_ Contract begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract end: \_\_\_\_/\_\_\_\_/\_\_\_\_  Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours/week \_\_\_\_ Employment Status\* \_\_\_\_ Contract begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract end: \_\_\_\_/\_\_\_\_/\_\_\_\_  **\*C= Contractual Staff; R= Regular Staff F/T or P/T; F=Faculty; AF = Adjunct Faculty***Attach additional pages as necessary* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Execution of Contract** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HR Compensation Review by: | |  | | | | | | | | | | | | Printed name: | | |  | | | | | | | Date: | | | |  |
| 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 (A) - UMB POLICY ON CONTINGENT EMPLOYMENT.** We further understand that this agreement may be terminated at any time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UMB Department/Unit Representative:** | |  | | | | | | | | | | | | Printed name: | | |  | | | | | | | Date: | | |  | |
| **Employee Signature:** | |  | | | | | | | | | | | | Printed name: | | |  | | | | | | | Date: | | |  | |

**Health and Prescription Drug Coverage**

The State of Maryland will offer subsidized health and prescription drug benefit coverage for contractual employees (and their dependents) who have a current employment contract and are scheduled to regularly work 30 or more hours a week (or an average 130 hours per month or faculty teaching 9 credits or more a semester).  The employee will be responsible for paying 25% of the premiums for medical and prescription coverage for themselves and any eligible dependents enrolled. The State of Maryland will subsidize the remaining 75% of the benefit premiums for these benefits.  Monthly direct pay billing from DBM will reflect the remaining 25%. Contingent II employees may be eligible for additional assistance from their department.

**Other Benefit Coverage**

Contractual Contingent I and Contingent II employees who have a current employment contract and work 30 or more hours a week (or an average of 130 hours per month or faculty teaching 9 credits or more a semester) may also elect to enroll in dental coverage, life insurance and accidental death and dismemberment insurance, but will be responsible to pay the full premium for these benefits.

**Contractual Contingent I and Contingent II Employees Working Less than 30 Hours per Week**

If you are a contractual Contingent I or Contingent II employee working less than 30 hours per week (or less than an average of 130 hours per month), you may participate in the State of Maryland Benefit Plans at the full premium amount (no State subsidy).

**Contractual Contingent I and Contingent II Employee Enrollments**

If you are newly eligible for State subsidized healthcare, please visit the [Benefits website](http://www.umaryland.edu/hrs/benefits/) to view all of the highlights of the benefits available and instruction on how to enroll. Benefits for all contractual employees are post tax. Please contact the Benefits Office if you have further questions – [HRBenefits@umaryland.edu](mailto:HRBenefits@umaryland.edu).

**I acknowledge that I have received and read this notice regarding my benefits.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Employee Name Employee Signature Date