

ANDREWS UNIVERSITY
Contract Employment for Teaching Assistants,
Part-time or Commissioned Staff / Faculty

NOTE: PROCESS flow: Chair – Dean – VP/Provost – Controller – HR Director – Employment – Payroll
 Processing time can take up to TWO WEEKS.
 Contracts should be completed before the start of the class/assignment.

Completed contracts (w/ all signatures) will be forwarded to Payroll only after the I-9** is completed at the Employment Office.
**** Federal law requires all persons hired to submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

Name of part-time staff/faculty Social Security # Highest Degree (if hiring faculty) ID#

Street Address City State Zip Code Telephone

Contracted employee is a current University Hourly Staff / Salaried Staff / NA
 Is the payment for this Contract provided for in your department budget? Yes / No

For **STAFF** contract, give a brief description of intended duties under the *Intended Duties/Course Title* column in the box below.
 For **FACULTY** contract, list courses to be taught during (select one) **Spring/Summer/Fall** semester, 20__ in the box below.

Course No.	Intended Duties/Course Title	# of Credits	Projected Enrollment

Reason for Contract Employment (please be specific): _____

FINANCIAL CONTRACT ARRANGEMENT

Rate per credit (Faculty <u>only</u>) \$ _____	Amount of Contract \$ _____
Estimated hours to be worked (for Faculty: credit hrs x 3 x # wks in semester) _____	
Account to be charged: _____-_____-_____-_____-_____	Contract Period: Begin Date: ____/____/____ End Date: ____/____/____

I agree to perform the above mentioned work/teach the above course(s) at the rate stated above. I understand that this contract does not provide any benefits other than those required under government law and/or institutional policy and is subject to cancellation pending low enrollment.

Contract Staff/Teacher Signature _____ Date _____

APPROVALS	First Level Supervisor Signature: _____	Date: _____
	Next Level Supervisor Signature: _____	Date: _____
	Vice President/Provost Signature: _____	Date: _____
	Controller Signature: _____	Date: _____
	HR Director Signature: _____	Date: _____

HUMAN RESOURCES OFFICE USE ONLY

Enrolled student? Yes / No If yes, at least half-time status? Yes / No
 Form (I-9) Employment Verification completed by _____ Date _____

Starting Pay Period # _____ Number of Pay Periods _____ Entered by _____
 Ending Pay Period # _____ Biweekly Pay \$ _____ Date _____