ANDREWS UNIVERSITY
Non-Teaching Contract

NOTE: Current HOURLY STAFF* or STUDENT must be paid on hourly basis. Please submit the appropriate RATE SHEET instead.
***Exceptions may apply for hourly staff working <20 hours/week. Contact the Employment Office for any questions.**

Processing time can take up to TWO WEEKS. Contract form should be submitted before the start of employment.
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.**

Last Name _____ **First Name** _____ **ID#** _____

Email _____ **Telephone** _____

Is this a remote employee? ◯ **Yes** ◯ **No** **If yes, indicate dept contact person:** _____ **ID#:**_____

Is the payment for this contract assignment provided for in your department budget? ◯ **Yes** ◯ **No**

Reason for Contract (please be specific): _____

Intended Duties

FINANCIAL CONTRACT ARRANGEMENT

Contract Period: **Begin Date:** _____/____/_____ **End Date:** _____/_____/_____	**Amount of Contract: $** _____ **Note: must meet both minimum wage requirements based on total contract hours indicated and minimum exempt salary test**
Total contract hours _____ **Number of work weeks** _____ **Weekly service hours** _____ **(used for ACA hours measurement)**	**Account to be charged:** _____--_____--_____--_____--_____

I agree to perform the above services at the contract amount stated above. I understand that this contract does not provide any benefits other than those required under government law and/or institutional policy and that, unless I am otherwise employed by the university as an ACA-evergreen employee*, my total weekly hours across *all* university jobs must be limited to *less than 30 hours* per week *(please use conversion ratio for class credit hours taught to determine weekly work hours)* and it is my responsibility to notify the employing department(s) if I have/will reach(ed) this limit.

***see ACA policy term definitions*

Employee Signature _____ **Date**_____

APPROVALS

First Level Supervisor Signature:	ID#:	Date:
Next Level Supervisor Signature:	ID#:	Date:
Vice President/Provost Signature:		Date:
Asst VP Finance Signature:		Date:
HR Director Signature:		Date:

HUMAN RESOURCES OFFICE USE ONLY

I-9 Received Date _____ **If not US Citizen/PR, visa expire** _____ **Total # Weeks** _____
If Student: TMST _____ **If FT Staff: SAAA form rec'd** _____ **Default Earnings**
Acct Bal: $ _____ **Biweekly Hours** _____ **Payroll Entered By** _____
Employment Approval By _____ **Hourly Rate** **$** _____ **Date** _____