

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.
 Compensation must meet Department of Labor weekly salary minimum, per FLSA regulations.

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 (<u>please be specific</u>): _____		

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/Chief Academic Officer 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 _____	