

ANDREWS UNIVERSITY
Teaching Contract – Seminary Intensive Only

NOTE: Contract form should be completed/submitted before the start of the course. Processing time can take up to TWO WEEKS.
Completed contracts (w/ all signatures) will be forwarded to Payroll only after the I-9 is completed at the Employment Office.

Last Name _____ First Name _____ ID# _____
 Email _____ Telephone _____
 Is this a remote employee? No Yes (check if international) Provide dept contact name: _____ ID#: _____
 Is the payment for this contract assignment provided for in your department budget? Yes No
 Reason for Contract (please be specific): _____
 List courses to be taught during (select one): Spring Summer Fall semester, 20__ in the box below.

Course No.	Course Title	# of Credits	Projected Enrollment

FINANCIAL CONTRACT ARRANGEMENT

Per course schedule:	<u>period format mm/dd/yy</u>	<u># of weeks</u>	<u>hours/week</u>	<u>hours/period</u>	Number of credits	Rate per credit
	Pre-work period : _____ to _____	_____	_____	_____	_____	\$ _____
	Intensive period : _____ to _____	_____	_____	_____	Total Contract Amount	
	Post-work period: _____ to _____	_____	_____	_____	\$ _____	
Total contract hours _____ (total from <u>hours/period</u> above) General rule: credit hours x 3 x number of weeks of semester If course is beyond a semester: use 16 weeks for semester factor				Account to be charged: _____ -- _____ -- _____ -- _____ -- _____		

I agree to teach the above course(s) at the rate stated above, to be paid 50% after the completion of the intensive week and the remaining 50% at the earlier of the end of the post-work period or when grades have been submitted (both payments are subject to the payroll schedule). 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 or rate adjustment pending low enrollment. I understand 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

Teacher Signature _____ Date _____

APPROVALS	Chair Signature: _____	ID#: _____	Date: _____
	Dean Signature: _____	ID#: _____	Date: _____
	Asst VP Finance Signature: _____		Date: _____

HUMAN RESOURCES OFFICE USE ONLY			
I-9 Received Date _____	If not US Citizen/PR, visa expire _____	50% amount: _____	
If Student: TMST _____	If FT Employee: AAA form rec'd _____	1 st payment	Pay Number: _____ Number of weeks: _____
Acct Bal: \$ _____		2 nd payment	Total hours: _____ Hourly Rate: \$ _____
			Pay Number: _____ Number of weeks: _____
			Total hours: _____ Hourly Rate: \$ _____
Hourly rate: 50% amount / total hours for that payment			

[Type here]