Purpose of Contingent Category I Employment Contract: **Initial Hire**: [ ]  **Contract Extension**: [ ]  **Contract Amendment**: [ ]

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| --- |
| Contingent Category I employees are subject to terms and conditions of this written contract. Worker’s Compensation Insurance is provided for job related injuries. Adjunct I (JC# 241000), II (JC# 242000), III (JC# 243000) are those faculty members eligible under UMB Policy II-1.07(A) on the Employment of Adjunct Faculty at University of Maryland Baltimore. Non-Adjunct (JC# 245000) faculty includes faculty members ineligible for Adjunct I, II, and III roles under UMB Policy II-1.07(A) on the Employment of Adjunct Faculty at University of Maryland Baltimore. |
| **Requesting Department Information** |
| Initiator Name: |       | Phone: |       | Email: |       |
| **Section 1** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Employee ID:** |  |
| Building Code: |       | Location Work Performed: |       |
| Dept ID #: |       | Department Name: |       |
| Telework/Remote Employee?: | Yes: [ ] / No: [ ]  | If Yes, Where?: |       |
| If outside of MD, PA, DE, DC, VA, or WV, please contact HRS Compensation |
| Foreign National on a VISA? | Yes: [ ] / No: [ ]  | If yes, please contact Compensation |
| **Section 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract Start Date/Intake:** |  | **Contract End Date:** |  |
| If applicable, Adjusted Contract Start Date: |  | If applicable, Human Resource Services Initials:  |  |
| Funding Source (mark all that apply): | State: [ ]  Grant: [ ]  Revolving: [ ]  Other: [ ]        |
| **Section 3** |
| **Job Code:** Adjunct I (241000):[ ]  Adjunct II (242000):[ ]  Adjunct III (243000):[ ]  Non-Adjunct (245000): [ ]  | Functional Job Title: |       |
| Nature of Services: Defined Pay (DP) [ ]  OR Deliverable Pay (DV) [ ]  | A – Administrative: [ ]  | R – Research: [ ]  | I – Instructional: [ ]  | C – Clinical: [ ]  |
| [ ]  Bi-Weekly rate of: $        | Annualized Amount (based on FTE): $        |
| [ ]  Monthly flat rate of: $       /per month | Total not to exceed over term of contract: $        |
| [ ]  Other rate of: $       /per       | Total not to exceed over term of contract: $        |
| **Must meet FLSA salary test of $684/WEEK OR $35,568/YEAR and be within pay grade. EXEMPT PAY CANNOT BE PRORATED.** |
| **Section 4 – Details of assignment** |
|  **I hereby agree that I have accepted this appointment to perform: *(Specify detailed job assignment below or attach description)***      |
| **FTE (actual or closest estimate):** |      % | **Total credits taught (if applicable):** | **credits** |
| **Section 5 - Payment Schedule for Defined Agreement Plan (if applicable):** |
| Total Payment Amount: $      | Payment may not be in advance of work being performed. May pay lump sum at end of semester/contract or up to 4 installments.  |
| Pay Period End Date:       | Amount: $       | Combo Code:       |
| Pay Period End Date:       | Amount: $       | Combo Code:       |
| Pay Period End Date:       | Amount: $       | Combo Code:       |
| Pay Period End Date:       | Amount: $       | Combo Code:       |
| **Section 6 - 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 **\_** orCredit Hours\_\_\_\_ Employment Status\* \_\_\_ Contract begin: \_\_\_/\_\_\_/\_\_\_ Contract end: \_\_\_/\_\_\_/\_\_\_Employer \_\_\_\_\_\_\_\_\_\_Hours/week**\_\_** orCredit Hours\_\_\_\_ 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** |
| We, the undersigned, certify that we have reviewed the above and agree to all terms of this agreement with the University of Maryland, Baltimore. We further understand that this agreement may be terminated at any time. Guaranteed payment is only ensured once the contract is fully executed and approved by Human Resources. |
| **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.

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

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Printed Employee Name Employee Signature Date