## **CONTINGENT I CONTRACT**



то:										
FROM:	If a newhire or rehire, did this contingent I recruitment									
REQUEST TYPE: Initial Request Renewa	al	go through PageUp? Yes			Νο					
Resume/application must be submitted for all initial req	uests	If yes, <u>I</u>	blease attach	a copy of the ad	1/posting					
Name of the Selected Individual:			Empl ID:							
Department:	Job Title:			Position #:						
TYPE OF APPOINTMENT:	Pay	Rate: \$		Hourly	Stipend	Other				
<ul> <li>If an employee is hired on an <i>"if and when needed"</i> b initial contingent I agreement shall be for one (1) year one year or less.</li> </ul>	r or le	ss and it m	ay be renewed	by executing a	a new agreeme	ent for				
	<ul> <li>If an employee is hired on a "temporary" basis, the employee must work 20 hours or more. The initial agreement will be for a term of six (6) months or less; it may be renewed one time by executing a new contract for six months or less.</li> </ul>									
<b>APPOINTMENT INFORMATION:</b> If and When Neede	۶d	Tempo	rary	Nonexempt (Includes Genera & General Assoc		Exempt				
Length of Appointment:										
Number of Months Begin Date		End D	ate	Ηοι	urs Per Week					
SUMMARY OF DUTIES:										
Education/Experience/Special Skills Required:										

## BACKGROUND CHECK INFORMATION - If a check is necessary, the process may cause a delay in the approval process

rec app res res und the the	ese questions are designed to aid in determining whether a background check quired. Financial responsibilities would include issuance/use of a P-Card or T-Card, being a payroll prover, accounting, cash handling or any other tasks allowing access to moving monetary fund- sult in any sort of theft, embezzlement, etc. View access to financial data is not considered sponsibility. Youth programs generally refer to non-UMBC studentsit is understood that some UMBC stu- der 18. This most often comes into play for positions that require the incumbent to enter e position being a part of a youth program that is run by the department or UMBC. You may enter a e space below to provide further information regarding your selection, or to indicate another ckground check.	s that co d a finan dents may r schools comment	ould icial be or in
1.	Does this position have financial responsibilities (ie. P-Card, Budget, Payroll, Cash/Fund Handling, etc.)? If Yes, a commercial background check is <u>required</u> through the Human Resources Department.	Yes	No
2.	Does this position have interaction with youth/minors or a part of a youth program run by the department or UMBC?	Yes	No
	If Yes, a <b>fingerprint check (scan) is required</b> . The department must work with the candidate in obtaining a finge	erprint chec	:k.
	A fingerprint check may be performed at a licensed vendor with a scanner such as the campus' police departme	ent.	
	If "Yes" has been answered to questions #1 AND #2, only a fingerprint check (scan) is required.		
3.	If a fingerprint check (scan) is required, has the candidate received one? Yes No		
	If yes, has clearance been received? Yes No (contract approval will be delayed until notification of sent by the department to Human Resources)	clearance i	s
4.	If a commercial background check is required through Human Resources, but has not been initiated, pleas candidate's email address in the space below so an authorization release for a background check may be e	•	the

**NEPOTISM.** In accordance with the University System of Maryland (USM) <u>Policy VII - 2.10 – POLICY ON EMPLOYMENT</u> <u>OF MEMBERS OF THE SAME FAMILY (NEPOTISM)</u>, members of the same family are eligible for employment in the USM/ UMBC. However, a supervisor-subordinate relationship shall not exist between family members nor shall one member of a family assume for the other the role of advocate or judge with respect to conditions of employment or promotion.

Individuals may review the policy via https://www.usmd.edu/regents/bylaws/SectionVII/VII210.pdf. The policy applies to all UMBC staff and faculty.

## **Definitions of Family Members**

"Family member" means:

- 1. The employee's spouse, children or step-children;
- 2. A parent of the employee or the employee's spouse;
- 3. A brother or sister of the employee or the employee's spouse;
- 4. Grandparents or grandchildren of employee or the employee's spouse;
- 5. Aunts and uncles of the employee or the employee's spouse;
- 6. Nephews and nieces of the employee or the employee's spouse; and
- 7. Sons-in-law and daughters-in-law of the employee or the employee's spouse.

## Do you have any family members/relatives that currently work at UMBC? Yes No Not Sure

If you answered "yes" to having family members/relatives currently working at UMBC, please list their name(s) in the section provided on the next page. If possible, please include the relationship, title and department. The family relationship will be reviewed to determine if a supervisor-subordinate relationship or potential conflict of interest would be created.

Name	Relationship	Title	Departmei	nt				
Will the candidate report to o	r have a working relationship	with the family member/r	relative? Yes	No				
TERMS AND CONDITIONS OF T	HE CONTINGENT I AGREEMEN	T ARE AS FOLLOWS:						
	s, students and surrounding con vaccinated against COVID. Please on.		-	•				
2. This agreement can be tern	ninated at any time.							
3. The employee may be paid	on an hourly basis.							
4. Source funds generally will	be labor and assistance.							
<ol><li>Due to the nature of the "if and when needed" status, work schedules may be variable. Individuals are not guaranteed to be scheduled to work.</li></ol>								
6. Individuals appointed on an "if and when needed basis" or temporary basis are ineligible to receive benefits. Under the Affordable Care Act (ACA), contractual employees working 30 or more hours per week or 130 hours per month are eligible for subsidized medical and prescription drug coverage through the State of Maryland's health benefit program. Upon enrollment, the employee will be responsible for paying 25% of the premiums; the State of Maryland will subsidized the remaining 75% for Medical and/or Prescription coverage. If an employee elects to enroll in dental, accidental death and dismemberment, life insurance, and/or long-term care insurance, the employee will be responsible for the full premium for these benefits.								
7. Employees who are on a Co	ntingent I basis may be eligible	to receive salary adjustmen	its.					
ADDITIONAL TERMS AND CON	DITIONS:							
The terms and conditions embo	dy the entire agreement of the r	parties. There are no terms.	conditions or obligation	s other				
than those that are contained th								
	Employed's Signature							
	Employee's Signature		Date					
. 				•				
· Contact Person's Name	Contact Person's	Signature	Phone	Date				
  -								
Department Approver's Name	Department Si	gnature	Phone	Date				
	- <b>-</b>	-		•				
Human Resources Approver	Human Resources Appr	over's Signature	Phone	Date				
HR USE-Background Check:	Poquirod Net Deautre	Construction	MD State Database	Completed				
rov 05 2022	Required Not Required	Completed	MD State Database	e completed				

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