

IDAHO STATE UNIVERSITY

Temporary Faculty Contract

TEMPORARY FACULTY CONTRACT OR SUPPLEMENTAL CONTRACT

Term/Semester: _____ Year: _____

THIS FORM MUST BE COMPLETED AND SUBMITTED TO PAYROLL PRIOR TO THE EMPLOYEE COMMENCING WORK!

New employees must complete new hire paperwork within three working days of hire. Failure to submit new hire paperwork within 3 working days could subject the department to monetary penalties by the federal government.

Prepared by: _____ Extension: _____

EMPLOYEE INFORMATION: Bengal/Employee # _____

Employee Name: _____ Employee Phone Number: _____
(Enter legal name as it appears on the employee's Social Security Card)

Employee Mailing Address: _____

HIRING INFORMATION: Department: _____

Campus Box: _____ Campus Location: _____ Work Location City, State: _____

Hiring Manager: _____ Manager Phone: _____

COURSE INFORMATION: *(All assignments listed must have the same contract and pay period dates.)*

Course Index & Section #	Course Number	Course Name/Faculty Assignment	Units	Index to be Charged*	Index Percent	Index Total	PCN (Payroll Only)
Pay Level:			Totals				

*NOTE: If you intend to split one course between two or more indexes, identify the percent allocation.

Classroom Location: _____

PAYMENT INFORMATION: The dates of the contract extend from _____ to _____, with a beginning pay date of _____. You will be paid a total amount of \$_____, paid biweekly in the amount of \$_____ per pay period, for _____ pay periods.

APPROVAL SIGNATURES:

Department Authorization of Funds: _____ Date: _____

UBO or Fiscal Officer _____ Date: _____

Dean/or Equivalent _____ Date: _____

Acceptance:

I hereby acknowledge this employment arrangement as temporary. Employment in a temporary position at Idaho State University does not guarantee consideration for, or subsequent employment in regular positions with benefits that may become available. As a temporary employee, I am subject to the same campus-wide policies that apply to all university students, staff and faculty. The institution reserves the right to cancel this contract in whole or in part, if enrollment in any class(s) do/does not justify continuation.

Contract Conditions:

Employee Signature: _____ Date: _____

New employees must submit the completed New Hire Packet with qualifying identification (refer to I9 form to see eligible documents) to Human Resources, Room 312, Administration Building within three working days of hire. Existing employees with information changes only must submit this completed Personnel Action Request to Human Resources. Questions? Call Human Resources (208) 282-2517

It is your responsibility to contact the Office of Human Resources to verify that all documents are in order for payment of salary. Payments are subject to withholding for social security (FICA), federal and state income taxes and retirement (if you are a benefitted ISU employee) plan. Please correct any of the above personal information and return a signed copy of this contract to the hiring manager listed above. Please return as soon as possible to ensure timely processing for payroll.

Distribution:

Dean's Office	UBO	Academic VP	Payroll/HR	Department	Employee	Student Services (optional)