



CONTINGENT-CATEGORY I EMPLOYMENT AGREEMENT

University of Maryland Center for Environmental Science

- **Your Contingent-Category 1 appointment will begin on _____ and is authorized until _____, unless terminated in accordance with this Agreement. Your appointment may be terminated by the University at any time that such termination is determined to be in the best interests of the University. Your title in this appointment is _____. You will be paid at a rate of _____ per hour. If you are not a U.S. citizen or a permanent resident, you must have a valid visa or Employment Authorization card that permits employment during the contract period. You must provide your departmental payroll representative with your choice from the List of Acceptable Documents from those listed on the INS Form I-9 (the federal employment eligibility verification form). It is your responsibility to ensure that these supporting documents are valid for the entire duration of the employment term. Your duties in this position are described on the second page of this form. The conditions for employment for this appointment are as follows:**
- This Employment Agreement shall serve as the formal contract specifying the terms and conditions of your appointment. A copy of this agreement will be kept in your department.
- Your appointment is non-permanent and may be authorized for a maximum period of six months at one time. If your appointment is for 20 hours per week or more (50% or more of full-time employment) lasting for a period of six consecutive months, you shall be eligible for contract renewal to a lifetime maximum of 12 months under Contingent-Category I in that position (e.g., after the expiration of the original 6-month appointment, the contract may be renewed for six months, one time only).
- If you are appointed to a non-exempt title, or if you are appointed to an exempt title and you are paid on an hourly basis, you must be compensated at time and one-half for any hours over 40 in a workweek.
- You must notify the University of dual/multiple employment with other institutions of the University System of Maryland (USM) or another State Agency. This is required to determine if you will be eligible to enroll in the State Employee and Retiree Health and Welfare Program and receive a subsidy. Please sign the appropriate line:

1. As of today's date I am not under dual/multiple employment.

Sign: _____

2. As of today's date I am under dual/multiple employment with a USM Institution/State Agency(ies).

Name of Institution/Agency(ies)

Sign: _____

If the dual/multiple employment status changes after this contract is signed, you must notify your supervisor immediately in order to maintain this contract as valid.

- You are not eligible to receive benefits, including, but not limited to, paid leave (annual, sick, personal, and holiday) or participate in a retirement or pension system.
- **If your contract is for at least 30 hours per week**, you may choose to enroll in one of the state health insurance plans within sixty (60) days of your employment date or during the next open enrollment period. You are eligible to receive a 75% subsidy of the total cost of medical and prescription coverage paid by the State/University. You will be responsible for paying the remaining 25% of the total cost of medical and prescription coverage. If you choose to enroll in dental coverage, personal accidental death and dismemberment insurance and/or group term life insurance, you will pay the full (100%) cost of these



premiums, plus the 25% cost of medical and prescription coverage. Payroll deduction is not available for this benefit. You will need to pay the State of Maryland directly, on a monthly basis, for your portion of the cost of the plans that you choose. Once enrolled, you will receive payment coupons to pay the State of Maryland directly by personal check or online. Instructions to pay online will be included with the payment coupons.

- **If your contract is for unknown hours or less than 30 hours per week**, you may elect to participate in the State Health Insurance programs that are available to State contractual employees by paying 100% of the premiums directly to the State Health Benefits Division. Participation shall be in accordance with the regulations of the State Department of Budget and Management.

Please indicate your election to accept or decline coverage at this time by initialing the appropriate line below. The decision to decline coverage will not prevent you from enrolling for the benefits noted above during the annual open enrollment period or in the event of a “qualifying event” status change.

_____ I choose to enroll in the State Employee and Retiree Health and Welfare Benefits Program and I understand that the State of Maryland will contribute 75% of the cost of the medical and prescription coverage and I will be responsible for paying the remaining 25% of the total cost.

_____ I choose to enroll in the State Employee and Retiree Health and Welfare Benefits Program and I understand that the State of Maryland will not contribute to the cost of the medical and prescription coverage and I will be responsible for paying the entire cost.

_____ I understand that I also, independently, have the option to enroll in dental coverage, personal accidental death and dismemberment insurance and/or group term life insurance of which I will pay 100% of the costs of the premiums.

_____ I decline to enroll in the State Employee and Retiree Health and Welfare Benefits Program understanding that I may choose to enroll during the annual open enrollment periods or in the event of a “qualifying event” status change.

- You shall not be entitled to receive service credit for the time served in Contingent-Category I unless you have worked 50% or more full-time, on a consecutive basis, immediately preceding appointment through a competitive process to a process to a regular position (no break in service). The term “service credit” applies to completion of probation (provided the regular appointment is to the same position in the same department), and annual leave earnings rate. Service credit is not applicable to any retirement rights.
- A Cost of Living Adjustment (COLA) may be applied as provided for regular employees. If your employment agreement is renewed, a salary increase may be considered, consistent with that provided for regular employees in similarly-situated job classes and employment categories.
- You shall have the required mandatory deductions via payroll deduction, e.g., Maryland and Federal Income Tax withholding, and Federal Insurance Contributions Act (FICA), which included Social Security and Medicare.

Acceptance:

My signature indicates that I have read and understand the conditions of employment for a Contingent Category I appointment as defined in University of Maryland Board of Regents Policy VII-1.40, Policy on Contingent Status Employment for Non-Exempt and Exempt Staff Employees.

Contingent I Employee Name (printed or typed)

Employee Signature

Date

Department/Unit

Appointing Authority

Date



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Position Description

The duties for this Contingent-Category I position include the following:

