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| <p>For HR Use Only:</p> <p>Approved Rate of Pay: _____</p> <p>Signature: _____</p> |
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3. Benefits

Health Insurance Eligibility and Subsidy – Under the Affordable Care Act, Contingent II employees may be eligible for health insurance. Contingent II employees may be eligible to receive a 75% subsidy for State of Maryland medical and prescription plans. These benefits are subject to change without notice by action of the USM or the State of Maryland.

The following benefits shall be applied: Worker’s Compensation, Unemployment Insurance, Social Security, Maryland and Federal Income Tax Withholding, and overtime payment if the position is equivalent to a nonexempt position. The following additional benefits will be provided by BSU.

Exempt Positions: 12 paid holidays – prorated based on hire date; 10 days of paid sick leave accrued per contract year; 10 days of annual leave accrued per contract year; 3 paid administrative days per contract year

Non-Exempt Positions: 12 paid holidays – prorated based on hire date; 5 days of annual leave accrued per contract year; 10 days of paid sick leave accrued per contract year; 3 paid administrative days per contract year

Sick and Annual leave are accrued bi-weekly. Holiday leave is earned on the date the holiday occurs. The maximum of Annual and Sick days to be rolled over is 10 days or 80 hours. Leave in excess of the maximum accumulation will be lost. If the appointee is separated from the University before using earned leave, the Appointee shall be reimbursed for that leave, with the exclusion of sick leave.

4. Conditions of Employment

- a. The Appointee is subject to all applicable rules, policies and procedures of the Appointee’s department or administrative unit, BSU, and USM and State of Maryland. The terms of this Contract and the USM Board of Regents’ policies with respect to contingent employees shall prevail over any conflicting policies and procedures issued by any component of the USM.
- b. If the Appointee does not satisfy the following special condition, this Contract may be canceled immediately by BSU: The Appointee shall not hold a position where a supervisor/subordinate relationship exists with a member of the Appointee’s family.
- c. Neither this Contract nor the services to be rendered hereunder may be assigned or transferred by the Appointee.

4. Termination of Contract

Either party may terminate this contract by giving **10** calendar days prior written notice to the other party. The BSU Senior Director of Human Resources may terminate this Contract immediately for or without cause in the event of breach of this Contract or any condition of employment of the Appointee. Notice of termination from BSU to the Appointee shall be deemed received by the Appointee upon delivery to the Appointee’s workplace. Notice of termination from the Appointee to BSU shall be deemed received by BSU upon delivery to the Appointee’s supervisor.

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| SECTION II Please ensure signature is legible. | AUTHORIZED SIGNATURES: Print name beside signature | (Allow at least 2 DAYS PER SIGNATURE) |
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| 1. _____ Date | 5. University Budget Office _____ Date |
| 2. _____ Date | 6. Vice President of Administration and Finance _____ Date |
| 3. Grants Compliance (if applicable) _____ Date | 7. Office of Human Resources _____ Date |
| 4. Grants Accounting (if applicable) _____ Date | |

FORM MUST BE COMPLETE, INFORMATION CORRECT, AND FUNDS AVAILABLE BEFORE REQUEST WILL BE PROCESSED. EMPLOYMENT SHALL NOT BEGIN UNTIL THE EMPLOYEE HAS A SIGNED CONTRACT.

IN WITNESS WHEREOF, BSU, by its Employing Supervisor, and the Appointee execute this contract. Additionally, your signature authorizes the Office of Human Resources to create a web timekeeping account, which enables you, access to the web time module of PeopleSoft.

Appointee Signature: _____ **Date:** _____

**STATE OF MARYLAND SUBSTANCE ABUSE POLICY
ACKNOWLEDGEMENT OF RECEIPT**

As an employee of the State of Maryland, I, _____ hereby certify that I have received a copy of the EXECUTIVE ORDER 01.01.1991.16, State of Maryland Substance Abuse Policy.

Appointee Signature: _____ **Date:** _____