

# REQUEST FOR CONTRACT

<input type="checkbox"/> Temporary or Part-time	<input type="checkbox"/> Regular Full-time	<input type="checkbox"/> Regular Half-time
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Date \_\_\_\_\_

(Please submit on **PINK** paper)

HOME UNIT:  CAS  CHP  COM  COP  CDM  UNIVERSITY

DEPARTMENT/PROGRAM: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

NAME & DEGREE(S): \_\_\_\_\_ PRN: \_\_\_\_\_

(Please indicate full name, i.e., Katherine – not Kate)

TITLE/RANK: \_\_\_\_\_

(Primary Title and Rank)

HOME ADDRESS: \_\_\_\_\_

## TYPE OF CONTRACT TO BE ISSUED: (Please provide all the following information)

<input type="checkbox"/> *New Appointment	<input type="checkbox"/> ** Revised Contract	<input type="checkbox"/> Continuing Appointment
<input type="checkbox"/> Academic	<input type="checkbox"/> Overload	<input type="checkbox"/> Clinical
<input type="checkbox"/> Directed Study	<input type="checkbox"/> Administrative	

**Administrative (Include Title):** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

- |                    |   |
|--------------------|---|
| a. Lecturer: _____ | <input type="checkbox"/> Tenured          |
| b. Adjunct: _____  | <input type="checkbox"/> Tenure Track     |
| c. Other: _____    | <input type="checkbox"/> Non-Tenure Track |

**Contracted Service:** \_\_\_\_\_

Specific Course Title and Number: \_\_\_\_\_

Specific Contract Dates: \_\_\_\_\_ - \_\_\_\_\_ Regular # of Contract Months for Position: \_\_\_\_\_

(Beginning and Ending Dates)

Account Line 1 To Be Charged: \_\_\_\_\_ Amount To Be Paid\*\* \_\_\_\_\_

Account Line 2 To Be Charged: \_\_\_\_\_ Amount To Be Paid\*\* \_\_\_\_\_

Account Line 3 To Be Charged: \_\_\_\_\_ Amount To Be Paid\*\* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair/Program Director's Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Senior Administrator with budgetary responsibility for this contract

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Senior Administrator of College/Department in which employee has primary responsibility – if different

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources (Information and Tracking)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Budgeting

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Vice President of HR – Bobbie Kallner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Vice President of Finance & Administration – Nicole Trufant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interim Provost – Karen Pardue

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources (Processing)

**Note:**

\*If a new employee, a résumé must be attached for the contract to be processed.

\*\*Requests for Contracts that reflect a salary increase must be accompanied by a Salary Adjustment Request Form.

\*\*\*The Budget Manager's sign-off is required whenever the amount of salary in this Request for Contract is in excess of the amount authorized in the Approval to Hire.

## Annual Training Requirements

Please check the box next to each training that will be required for this position in addition to the nine required trainings for all employees: Code of Conduct, Cyber Security Awareness, Ergonomic, FERPA, Fire Safety, Sexual Harassment, Red Flag (identity theft protection), Title IX, Active Shooter. If no other trainings are required, please check the box at the bottom of the list.

If you have any training requirement questions, please contact Environmental Health and Safety (EH&S) at ext 2488 or Human Resources at extension 4256.

No position specific training required beyond the 9 highlighted required training.

Required Online Trainings	
<input type="checkbox"/> Active Shooter	<input type="checkbox"/> Fire Safety
<input type="checkbox"/> Code of Conduct	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Cyber Security Awareness	<input type="checkbox"/> Red Flag (Identity Theft Protection)
<input type="checkbox"/> Ergonomic (VDT & Lifting)	<input type="checkbox"/> Title IX
<input type="checkbox"/> FERPA	

Position Specific Online Trainings (check all that apply)	
<input type="checkbox"/> Animal Contact	<input type="checkbox"/> Laboratory Safety
<input type="checkbox"/> Blood borne Pathogens	<input type="checkbox"/> Oil Spill Prevention & Lock Out/Tag Out
<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Personal Protection Equipment
<input type="checkbox"/> Hazardous Communicaiton	<input type="checkbox"/> Radiation Safety
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Research Compliance
<input type="checkbox"/> HIPAA	<input type="checkbox"/> Universal Waste

Position Specific Classroom Trainings (check all that apply)	
<input type="checkbox"/> Asbestos Awareness	<input type="checkbox"/> IATA (Air Shipping Dangerous Goods)
<input type="checkbox"/> BBP Spill Kit	<input type="checkbox"/> Laser Training
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Machine Guarding
<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Radiation Safety Officer
<input type="checkbox"/> Fall Protection	
<input type="checkbox"/> Human Subject Research	

Other Position Specific Requirements (check all that apply)	
<input type="checkbox"/> Aerial Lift Truck Training	<input type="checkbox"/> Golf Cart
<input type="checkbox"/> Audiograms	<input type="checkbox"/> Hep B (must include Blood Borne Pathogens)
<input type="checkbox"/> CPR	<input type="checkbox"/> Ladder Safety
<input type="checkbox"/> Driver Certifications (DOT)	<input type="checkbox"/> Occupational Health & Safety Program
<input type="checkbox"/> First Aid	<input type="checkbox"/> Boat Safety
<input type="checkbox"/> Fork Lift	<input type="checkbox"/> Other: