

**Payee Information**

Instructor Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check Address: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

**Class Details**

Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

<u>Course #</u>	<u>Section</u>	<u>Course Title</u>	<u>Credit Units</u>	<u>Load Units</u>	<u>Time</u>	<u>Days</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

**Payment Details**

Rate per Hour: \_\_\_\_\_ Estimated Hours Per Week: \_\_\_\_\_ Total Estimated Amount: \_\_\_\_\_

Current Faculty/Salary Employee: Yes No If yes, Total Payment Amount: \_\_\_\_\_

 Account Info: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_  
                     Fund            Org            Account            Percentage    Department            Effective Date

 Account Info: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % \_\_\_\_\_  
                     Fund            Org            Account            Percentage    Department            Effective Date

**Terms of Agreement**

1. Policies and procedures as described in Section II of the La Sierra University Faculty Handbook, and as mentioned or amended by subsequent revisions thereof, are expressly incorporated and made a part of the terms of this agreement. Where said policies and procedures are in conflict with the express terms of this agreement, the terms of this agreement shall control.
2. By signing below, the contact instructor affirms enthusiastic support for the mission of La Sierra University and intends to demonstrate this support in teaching and mentoring.
3. Payments will be made biweekly beginning with the payroll period following receipt by the Office of Human Resources of the approved contract. **NO PAYMENT WILL BE MADE PRIOR TO ENROLLMENT VERIFICATION.**
4. It is understood and agreed that the contract instructor is entitled to no benefits other than the cash amount designated above.
5. Course grades are due by 2:00pm on Tuesday following final examination week. The final pay check may be held until the grades are turned in at the Registrar's office.
6. This contract may be cancelled by the university if the class or activity described herein does not fill (acceptable class size will be determined by the University) or if it can be taught by a full-time faculty member whose classes do not fill.
7. For terms pertaining to online teaching, see comment box above.

**Signatures**

 \_\_\_\_\_  
 Chair Signature                      Date                      Dean's Signature                      Date                      Contract Instructor Signature                      Date

**Rates are not final until the agreement is signed by the Dean of the School**
**HR Use ONLY**

Position: \_\_\_\_\_ Employee Class: \_\_\_\_\_ Processed by: \_\_\_\_\_

FTE: \_\_\_\_\_ Apt. %: \_\_\_\_\_ Hrs. Per Day: \_\_\_\_\_ Hrs. Per Pay Period: \_\_\_\_\_ # of Payments: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Default Hrs. \_\_\_\_\_

Start Date: \_\_\_\_\_ Payroll Begin Date: \_\_\_\_\_ Terminate after Payroll of: \_\_\_\_\_

 \_\_\_\_\_  
 HR Director Initials

 Hourly Rate     Primary/Secondary     PDAEDN     B         P