

Contract Labor Agreement

General Information

Employee Name: _____ ID#: _____ SSN: _____

Email Address: _____

Address (Street, City/State/Zip): _____

Cell Phone: _____ Secondary Phone: _____

Department Information

Contract Begin Date: _____ Contract End Date: _____

Work to be done (Required):
Wage Information

As compensation, Employer agrees to pay Employee for labor costs determined as follows:

- | | | |
|--------------------------|-----------------------------|-----------------------------------|
| 1. Hourly rate: \$ _____ | Total Hours per Week: _____ | Total Amount of payment: \$ _____ |
| 2. Other: \$ _____ | Total Hours per Week: _____ | Total Amount of payment: \$ _____ |

Account Number: _____ - _____ - _____	%	_____	_____	_____
FUND ORG ACCT #	Percentage	Department	Effective Date	

Account Number: _____ - _____ - _____	%	_____	_____	_____
FUND ORG ACCT #	Percentage	Department	Effective Date	

Hourly contracts will be paid upon submission of hours worked through the KRONOS system or on a timecard. Timecards should be submitted biweekly with supervisor approval to the payroll office.

Terms of Agreement

1. This contract labor agreement is entered into by La Sierra University (hereinafter referred to as Employer) and the person named above (hereinafter referred to as Employee) for the accomplishments of the tasks set forth in the *Scope of Work* section of this agreement. The period of performance for this agreement is as stated above unless agreed to in writing by both parties hereto and approved in writing by the Human Resources Office. This agreement shall be governed by the University policies and procedures applicable to temporary employees unless so stated elsewhere in this agreement. This agreement is solely for the duties and for the period specified in this agreement. THIS IS AN AGREEMENT FOR TEMPORARY EMPLOYMENT ONLY. NO OTHER AGREEMENT, EXPRESS OR IMPLIED IS ESTABLISHED BY THIS AGREEMENT. THIS AGREEMENT SUPERSEEDS AND CANCELS ALL OTHER AGREEMENTS, PROMISES AND ARRANGEMENTS BETWEEN THESE PARTIES REGARDING EMPLOYMENT, WHETHER ORAL OR WRITTEN.
2. **TERMINATION CLAUSE:**
 The employer or employee may terminate this agreement without cause in five (5) calendar days' notice to the other party. By affixing their signatures to this *Contract Labor Agreement*, both parties hereby agree to be bound by the provisions contained in this agreement.

Signatures

 Date Employee Signature

 Date Department Chair/Director Signature

 Date Dean/VP Signature

 Date VP Financial Administration Signature

HR ONLY

Position: _____ Code: _____ Employee Class: _____ Processed by: _____

FTE: _____ Appt. %: _____ Hrs. per Day: _____ Hrs. per Pay Period: _____ # of Payments: _____

Amount of each payment: \$ _____

Start Date: _____ Payroll Begin Date: _____ Terminate after Payroll of: _____

 Hourly Rate
 Primary/Secondary
 PDAEDN
 B
 H
 P