CONTRACT LABOR AGREEMENT

EMPLOYEE INFO

Employee Name: _____ ID#: _____ SSN: _____

Email Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____

DEPT INFO

Contract Begin Date: _____ Contract End Date: _____

Scope of Work (Required):

WAGE INFO

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

1. Hourly Rate: _____ Approximate hours to work for this contract: _____

   Not to exceed: $ _____

2. Other: _____ per ☐ Bi-weekly ☐ Completed Project

   Not to exceed: $ _____

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 time card. Time cards 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. TERMINIATION 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

_____ _____ _____

Employee Signature Department Chair Signature Dean/VP's Signature

_____

VP Financial Administration Signature

HUMAN RESOURCES

Position: _____

# of payments to be made: _____ Code: _____

Amount of each payment: $ _____

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

Processed by: _____

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