

Employee Consultants/Temporary Employees

Step-by-step instruction guide

Required Paperwork: Generated by Hiring Department

- ▶ Employee Consultant Agreement

- ▶ Click on the link below for the agreement

[Link to paperwork](#)

- ▶ Employee Consultant Directions

- ▶ The following slides (in the link below) provide a step by step process for filling in the fields within the employee consultant agreement

[Link to directions](#)

Pro tip: call HR to see if I-9 is on file!

Employee Consultant or Temporary Employee?

- ▶ Employee Consultants: Part-time employees (up to 29 hours) that may work in any department or area performing a variety of job tasks. Appointments length varies, but typically employed only in one-year increments.
- ▶ Temporary Employees: Hourly part-time employees that (up to 29 hours) are hired and typically perform work that is normally performed by a bargaining unit member. Specific classifications of temporary employees include: Campus Police, Clerical/Secretarial, Facilities/Maintenance, Police Sergeants, and Professional Technical. Temporary athletic coaches are also hired. Length of employment is restricted based on the various collective bargaining agreements.

Required Information on Employee Consultant Agreement



EMPLOYEE/CONSULTANT AGREEMENT

This agreement made this _____ day of _____ 20____, by and between the Board of Regents of Eastern Michigan University, a public body corporate and institution of higher education (hereinafter referred to as "EMU"), and

_____ EID: _____
hereinafter referred to as "Employee," whose address is _____

Fill out date, employee's name and EID (if known). List home address in provided space. SSN not required.

EMU and Employee agree as follows:

I. CHARACTER AND EXTENT OF SERVICES

A. EMU agrees to employ Employee in the capacity of temporary Employee Consultant - (Specify job title)

Specify job title. If left blank, title will either display as "Employee Consultant Hourly" or "Temporary Employee."

In that capacity, Employee's duties and performance expectations/standards shall include, but not be limited to the following:

(check here if done by attachment)

List the supervisor for the employee. This is who is contacted once the person is entered into the system. More than one person can be listed.

B. In performing all duties hereunder, the Employee shall report to and be subject to the direction and supervision of : _____

Pro tip: If you would like to be notified (even if you are not the supervisor) please list your name on the paperwork.

Required Information, Cont.

II. PERIOD OF SERVICE AND TERMINATION

This agreement shall become effective on _____, and unless terminated early as set forth herein, shall remain in effect until _____. Employee shall have the right to terminate his or her employment at any time with or without cause, and EMU shall have the same right. **The maximum number of weekly worked hours shall not exceed 29.**

Enter in the start date for the employee and an end date.

III. COMPENSATION

A. In consideration for Employee's satisfactory performance of all job duties, EMU shall pay Employee as follows:

Any subsequent pay increase will result in an updated Employee/Consultant Agreement.

List an **HOURLY** rate.

B. All payments by EMU to Employee shall be subject to applicable tax withholdings.

C. EMU shall provide Employee with those benefits required by law, i.e. FICA, and workers' compensation. No other fringe benefits will be provided to Employee pursuant to this Agreement.

List where the work will be taking place and what hours the employee will be working.

D. Work will be performed by Employee as needed at _____

The hours of work shall be _____

E. The employment relationship is of an at will nature, which means that the employee may resign at any time and the employer may terminate the employee at any time with or without cause. If the agreement is terminated early, the above payments will be prorated to the date of termination.

IV. ASSIGNMENT

The Employee may not assign or transfer this Agreement, any interest therein or claim thereunder, without the prior written approval of EMU.

Required Signatures

X. AGREEMENT REGULATIONS

A. This Agreement may be changed, amended, modified, extended or assigned only by mutual consent of the parties provided that consent shall be in writing and executed by the parties hereto prior to the time such change shall take effect.

B. Any paragraph, sentence, phrase, or other provision of this Agreement which is in conflict with any applicable statute, rule, or other law shall be deemed, if possible, to be omitted here from. The invalidity of any portion hereof shall not affect the force or effect of the remaining portions here.

C. This Agreement shall be construed and enforced in accordance with the laws of the State of Michigan, and suit must be brought within the State of Michigan.

D. This Agreement is the entire agreement between the parties, and it incorporates and supersedes all prior negotiations, communications, understandings and agreements between the parties hereto regarding the subject matter hereof, whether written or oral. No such prior negotiations, communications, understandings or agreements shall be of further force of effect.

E. This agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF, EMU, by and through its duly authorized officers and representatives, and Employee, have executed the Agreement.

EASTERN MICHIGAN UNIVERSITY (Signatures to be obtained in order indicated.)

1) By: _____ Date: _____ 2) By: _____ Date: _____
(Employee) (Immediate Supervisor)

Title: _____

3) By: _____ Date: _____ 4) By: _____ Date: _____
(Divisional Executive)

Title: _____ Title: Manager, Talent Acquisition and Employment

EC contract.doc Revised: 9/30/15

Eastern Michigan University

Immediate Supervisor

HR Approval

Employee
Signature

Divisional
Executive

If working for an academic department, the appropriate Dean's signature is also required

Signatures should be obtained in number order, if on a Grant please send to Grants prior to HR

Employment Classifications



Select classification for employment requested.

FOAP Information

(Fund, Org. #, Account, Program)

Account Information

Fund:

Org#:

Account:

Program:

Activity:

Location:

Processing Approvals

Grants Accounting (if applicable)

Signature

Date

Employment Office

Signature

Date

Fill out fund, org,
account and
program number.

Grants
Accounting
signature
required for
Restricted Fund
payments

Employee PAF

Changes to active employee positions

EASTERN MICHIGAN UNIVERSITY
 Personnel Action Form - Staff PAF

AC, AH, AP (Non Academic), CC, CP, CS, EC, ES, FM, PS, PT, TM

CHECK HERE IF SUPERSEDING PAF
 If name or address change, please check box

Date Requested: 06/09/17 Personnel Change Dates: From Date: 06/25/17 To Date: 08/19/17
MM/DD/YY MM/DD/YY MM/DD/YY

LAST NAME: <u>Lemon</u>	BANNER ID: <u></u>	BIRTHDATE:	ETHNIC GRP:
FIRST NAME: <u>Liz</u> MI:	SSN:	VET:	GENDER:
ADDRESS: <u>Home</u> <u>Campus</u>	COUNTRY OF CITIZENSHIP:	VISA TYPE & EXPIRE DATE:	
<u>123 Apple</u>	MARITAL STATUS:	CURRENT HIRE DATE:	ORIGINAL HIRE DATE:
<u>Ypsilanti, MI 48197</u>	CLASS RANK DATE:	SENIORITY DATE:	
HOME PHONE: <u>734-487-1111</u>			
WORK PHONE:			

1. EMPLOYMENT ACTION: HIR 2. EMPLOYMENT ACTION: 3. EMPLOYMENT ACTION:
(Must enter code up to 5 characters) (Must enter code up to 5 characters) (Must enter code up to 5 characters)

STATUS: DIVISION: PHP E CLASS: TM PAY FREQUENCY: APPT. #: BASE SALARY: HOURLY RATE: \$10.00

FUND	ORGN	ACCT	DEPT NAME	PCN	POSITION TITLE	PCLS CODE	FLSA	CLASS	GRADE	STEP	LD %	SALARY	END DATE
<u>G00005</u>	<u>126500</u>	<u>1510</u>	<u>Physical Plant</u>	<u>T00006</u>	<u>Temp Custodian</u>								<u>8/19/17</u>

COMMENTS: (For New Hire PAFs include here the posting reference # and also indicate highest degree level)
Augment Workforce

EMPLOYEE SIGNATURE: _____ Date: _____
(Required for name/address change)

Human Resources: Verified New Hire Information _____ Date: _____
Print Date/Time: Last job action and personnel change date:

07/08/2014 11:13 am

AUTHORIZATION	Date:
<u>DEPARTMENT: Pete Hornberger</u>	Date: <u>6/09/17</u>
(Grant Funded Positions) PROJECT COORDINATOR:	Date:
<u>DIVISIONAL EXEC: Jack Donaghy</u>	Date: <u>06/15/17</u>
GRANTS ACCOUNTING:	Date:
BUDGET OFFICE:	Date:
HUMAN RESOURCES:	Date:

PEEMPL_ACTIVITY_DATE: SBPERS_ACTIVITY_DATE:

Complete all highlighted fields

Write Banner ID, if known

PAF can be used for changes to current employment, CFOAP, Pay adjustment, Extension, Termination.

To request a paf, contact hr_pafs@emich.edu with employee info.

Temporary Employee Length Guidelines

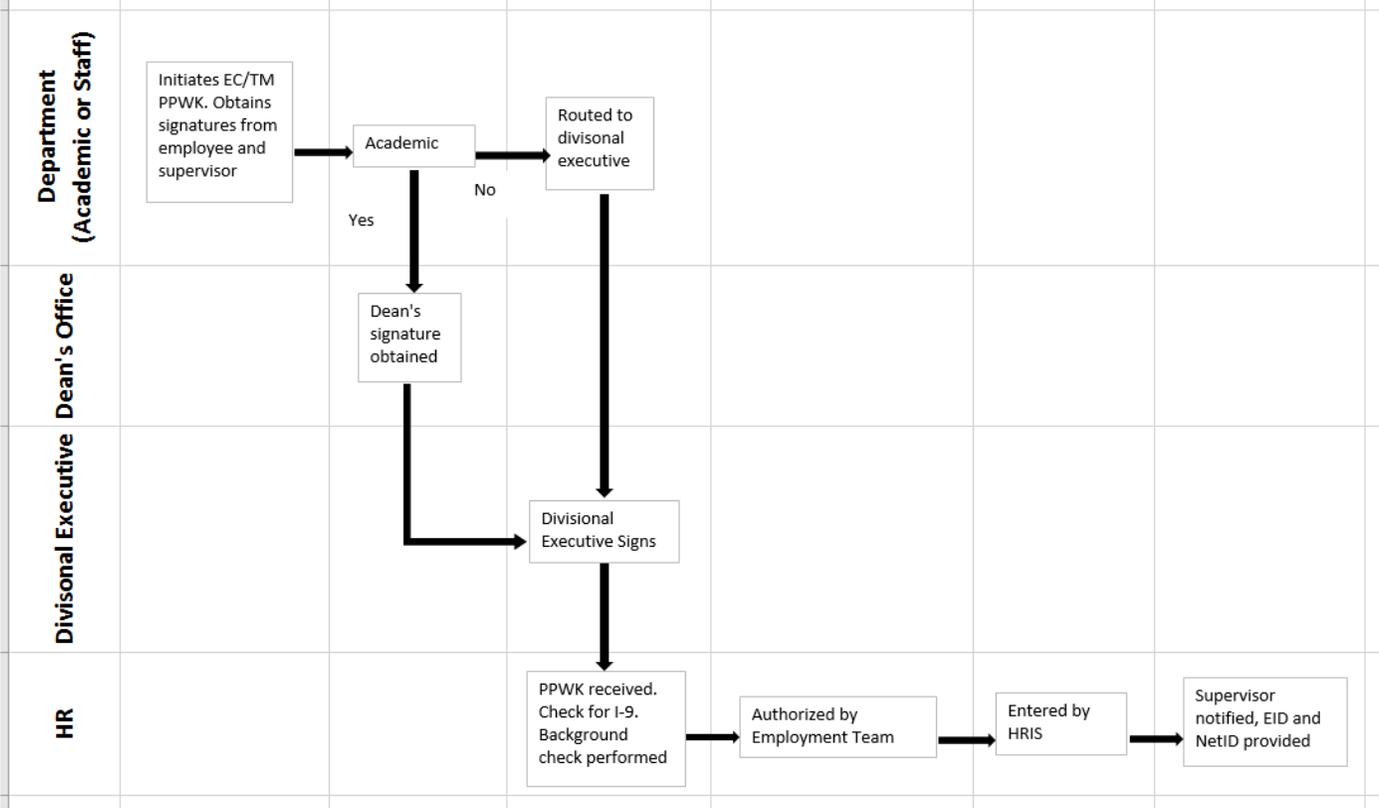
- ▶ CS: 90 calendar days to augment workforce or cover for vacancy. 180 calendar days to backfill for LOA/sick leave or for special project work.
- ▶ FM: 100 work days. Unlimited backfill for LOA/sick leave.
- ▶ PT: 180 calendar days to augment workforce or backfill for LOA/sick leave.
- ▶ CP and PS: No contractual limit on days, cannot replace a bargaining unit employee.

Unsure of time limit or classification? Please contact HR before submitting paperwork.

Need help calculating the dates?

[Date Calculator](#)

EC Contract/Temp PAF Path



Please allow plenty of time for paperwork to circulate campus for signatures, a minimum of 2 weeks.

Payment

- ▶ EC's and TM's are paid based off of the bi-weekly [payroll calendar](#) and are classified as hourly employees. Therefore, hours will need to be inputted into web-time entry in order for payment to occur.
- ▶ The notification email from HRIS will include all the information required for an EC/TM to set-up and access their my.emich account, including NET ID, EID, and a step-by-step instruction guide.

[Net ID Guide](#)

[Timesheet Guide](#)