

Southern Oregon University Irregular Employment Agreement (IEA)

An IEA is used to appoint and compensate individuals hired to provide a temporary administrative services for less than 90 days; or to compensate a current SOU administrator or faculty for a temporary assignment that requires a time and effort commitment beyond regular work hours and responsibilities for less than 90 days.

Part I / Employee and Position Information

Full Name of Payee: _____ **Employee ID No.:** _____

Is this individual a current SOU employee? No Yes, department: _____

If yes, please check one: Faculty Administrator

Dates of Service: Begin date: _____ **End date:** _____

Rate of Pay: \$ _____ Hourly Monthly **Hours worked each month** _____ **Total Amount** \$ _____

Describe the services to be performed: (Use a separate sheet of paper if necessary.)

This is an agreement between Southern Oregon University and the undersigned for services provided as specified above. The total shown will be paid provided that expected services are fully performed. This agreement comprises the entire employment responsibility of SOU and any other or further employment with SOU is to be contained in additional mutually signed agreements. It is understood that the amount paid under this agreement is subject to salary withholdings. This agreement is not complete until all appropriate signatures are obtained. **If payee is not currently on SOU payroll, a W-4, I-9, and other payroll forms must be completed and submitted to the Payroll/Benefits office before work begins. Contact 552-6317 for assistance.**

Part II / Department Information

Date _____ Department _____

Contact Person _____ Phone Number _____

Pay Index Code/Split _____ Source of Funds* _____

For office use only: Position No: _____

* Index code or name of funding source if different than Pay Index.

Hiring Approval Signatures (Sign and route in this order)

1. **Signature of Payee** _____ Date _____

2. **Chair/Manager/Supervisor** _____ Date _____

3. **Dean/Director/Vice President/President** _____ Date _____

4. **Provost** (if an appointment is funded by the Provost's Office) _____ Date _____

Signatures to Confirm Funding and Appointment

5. **Budget Office** _____ Date _____

6. **HRS – Payroll/Benefits Office** _____ Date _____

FOR PAYROLL USE ONLY:		Entered:					
Position #		Earn Code:		Hours:		Rate:	
Position #		Earn Code:		Hours:		Rate:	
						Total:	
						Total:	