

Irregular Employment Agreement (IEA)

This is an agreement between Southern Oregon University and the undersigned for services provided as specified below. 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. **The employee should only sign the form after approvals have been obtained.** Agreements are due the 15th of each month for current month payment. **If payee is not currently on SOU payroll, a W-4, I-9, and employee data forms must be completed and submitted to the HR office before work begins.** [HR USE: Employee is Active Inactive]

Full Legal Name of Payee: _____ **Employee ID:** 940 _____

Individual is a current SOU Faculty Administrator Other: _____ None

Indicate FTE if current employee: 1.0 FTE < 1.0 FTE Instructional Services Non-Instructional Services

An IEA is used to appoint and compensate individuals hired to provide 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.

Department Use: Breakdown by Month of Service		Payroll Use Only:		Department Use:			Payroll Use Only:
Start Date	End Date	Earn Code	Shift	Hours	Rate	Monthly Total	Date Paid
						\$	
						\$	
						\$	
						\$	

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

Contact Name/Department _____ / _____ Phone Number _____
 Pay Index/Activity Code(s) _____ / _____ Split _____% Pay Index/Activity Code(s) _____ / _____ Split _____%

Hiring / Appointment Approval Signatures (Sign and route in this order)

Typed name of Department Director/Division Approval	Signature	Date
Typed name of Vice President/Provost/President	Signature	Date
Typed name of HRS/Benefits Officer	Signature	Date

If you are a Tier I, Tier II or OPSRP Oregon PERS retiree who has not yet reached full Social Security retirement age, please review the following statement from PERS:
You understand that if you exceed the amount of hours you can work for a public employer in the state of Oregon after you retire from a PERS-covered position, your retirement benefit will stop and you will be required by law to repay any benefit amount received in the month(s) after you exceeded the limit. You are responsible for tracking your hours. If you have any questions, please contact PERS at 888-320-7377.

I have read this agreement and agree to the terms:

Printed name of Payee	Signature	Date
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