

Temporary Grant and Time-Limited Employee Acknowledgement

My position is terminable upon occurrence of any of the following: **(1)** Less than satisfactory performance or **(2)** discontinuance of the grant or time-limited project or **(3)** unavailability of funds able to cover my salary and fringe benefits. I understand I will be subject to applicable policies and procedures in the Clemson University Personnel Policies and Procedures Manual and the following employment terms:

The benefits for which you as a temporary grant or time-limited employee are eligible include:

1. Insurance (health, dental, vision, life, long-term disability) if percent time is 75% or greater (30 hours per week or more).
2. Annual leave for time-limited employees with standard hours of 20 or more (non-payable upon termination or non- transferrable to or from FTE positions).
3. Sick leave for time-limited employees with standard hours of 20 or more.
4. Grant personal leave for temporary grant employees with standard hours of 20 or more, excluding 9 month faculty.
5. South Carolina Retirement Systems*
6. Paid University holidays
7. Overtime over 40 hours, if non-exempt
8. Tuition Assistance Programs if 75% time or greater
9. Library privileges, employee discounts, University facilities usage
10. State salary increases if specifically funded by the grant or time-limited project as provided under institutional policy.

**Note: If you elect to NOT participate in retirement, you are still considered as eligible, thus Retirement Plan will be marked on your W2.*

I agree to disclose all inventions to the University Intellectual Property Committee within 60 days of discovery. University Patent Policy is incorporated by reference.

I certify that the above conditions pertaining to my employment have been reviewed with me by the department representative named below, that I have received a copy of this form for my records, and that I understand, agree and accept the above conditions of my employment for the temporary grant or time limited position of:

(Dept/Pos)

(Title)

School/Dept Representative Name: _____

School/Dept Rep Signature: _____

Date: _____

Employee Name: _____ EmplID: _____

Signature: _____ Date: _____

P.I. Name: _____ Employment Expiration _____

Date: _____
(If known)

I certify funds are available in the grant/time limited project to pay insurance, retirement, and other fringe related benefits:

P.I. Signature: _____ Date: _____