

UW/SCRI Staff Assignment Agreement

Section 1: Employee Information

Employee Name (Last Name, First Name):

Employer:

Job Title/Ranking:

UW Information:

SCRI Information:

UW Employee ID#:

SCRI Employee ID (EE#):

Employment Type:

SCRI Position Code:

UW Department:

SCRI Center:

UW Division:

SCRI Contact Info (Name, Email):

UW Contact Info (Name, Email):

Payment Remittance Address:

Section 2: Agreement Information

SCRI Staff Assignment ID# (optional):

Agreement Type:

New – use at beginning of each academic year

Modification - required when Maximum Billable Amount on existing SAA will be exceeded

Modification Type: FTE Dates Salary Fringe N/A

Salary Calculation Basis:

Agreement Start Date:

Agreement End Date:

This agreement between the Seattle Children's Research Institute (SCRI) and the University of Washington (UW), governs the transfer between the parties of salary expenses for the above named individual, as set forth in the Agreement Regarding Joint Research Projects between SCRI and UW, as signed and as subsequently amended. The terms and conditions of the Agreement govern this Staff Assignment Agreement.

Recognizing that changes may occur during the Agreement period, the Parties agree that the maximum billable amount under this Assignment period shall be no more than 10% above the Estimated Total (including Overhead) in Section 3. Changes above this maximum require a Staff Assignment Modification.

The employee named above is hereby assigned by his/her employer to perform unspecified work at and for the Work Site Organization.

Section 3: Payment Information - Use either the FTE/Stipend section OR the Hourly section; do not use both.

Salary Request: FTE or Stipend Supplement

Monthly Institutional Base Salary (IBS) or Supplement:

Period of Performance as Number of Months:

Base Salary for Period:

Staff Assignment FTE (enter as a decimal):

Salary Requested:

Salary Request: Hourly

Hourly Rate:

Maximum Number of Hours to be Worked:

Salary Requested:

Other Labor Costs

Benefit Rate (enter as a decimal):

Benefits Total:

Subtotal, Labor:

Other Costs:

Estimated Tuition

Estimated Other:

Subtotal:

Overhead

Estimated Total (including Overhead):

Maximum Billable Amount (10% above Estimated Total):

Section 4: Notes/Comments [for modifications, please describe the change (e.g., FTE increased from .75 to .80)].

Employer:	Work Site Organization:
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Name: _____ Date _____	Name: _____ Date _____
Title: _____	Title: _____