Please do not print these instruction pages when printing the Agreement!

Section 1: Employee Information:

All fields in Section 1 should be completed for all types of requests.

Employee Name – Enter the first and last name of the person who is authorized to conduct work at the Work Site.

Job Title – Enter the position title for the employee listed.

SCRI Employee ID (EE#) – If you are UW this information will need to be entered by SCRI. If at SCRI, enter the employee number for the person identified on the agreement.

SCRI Position Code – If you are UW this information will be entered by SCRI. If at SCRI, enter the Position Code which can be located on the APP SharePoint site under Documents.

SCRI Center – Select the employee's SCRI Center affiliation from the drop-down list.

SCRI Contact Info – Enter the contact information for the person at SCRI whom you should be contacting in regards to the employee listed.

UW Department- Division – Enter the employee's department name followed by the division, if divisions are used in that department.

UW Contact Info – Enter the contact information for the person at UW that should be contacted in regards to the employee listed.

Employer – Select the institution where the employee is currently employed.

Payment remittance Address –address to which payment made. If employer is SCRI, choose SCRI payment address. If employer is UW, choose UW payment address.

Section 2: Agreement Information.

All fields in Section 2 should be completed.

Staff Assignment ID# (optional) – If your Department/Division has an identifying number, enter that number here.

Agreement Type – Select from the drop-down list one of the following:
- New – Establishes a new contract period for the employee listed.
- Modification [number] – Is changing the agreement either by 1) adjusting the agreement dates, or 2) adjusting the dollar amount. For subsequent modifications, choose the next highest number.

Modification Type – If the agreement is a modification, mouse-click on the appropriate box(es) to flag them with an "X."
- FTE – Modifying the employee's staff assignment FTE.
- Dates – Modifying the start and / or end date of the staff assignment.
- Salary – Modifying either the employee's monthly institutional base salary, stipend supplement, or hourly rate.

Salary Calculation Basis – Select from the drop-down list one of the following:
- FTE – The employee is paid a salary based on their appointment FTE.
- Stipend Supplement – The employee is paid a stipend amount.
- Hourly – The employee is paid by the hour.

Agreement Start Date – Enter the start date for the employee to begin working on the project.

Agreement End Date – Enter the end date for the employee to finish the project. This cannot be later than 6/30 of the current fiscal year.

Section 3: Payment Information.

All applicable fields in Section 3 should be completed.

Salary Request, FTE or Stipend Supplement –This section should be completed if the employee is on a monthly pay schedule.
- **Monthly Institutional Base Salary (IBS) or Supplement –** The monthly amount of the employee's salary or stipend at 1.0 FTE.
- **Period of Performance as Number of Months –** The number of months covered from the Agreement Start Date to End Date. If an agreement begins or ends mid-month,

calculate the partial month as follows:
  - ○ For each semi-monthly pay period, add 0.5
  - ○ For a partial pay period, divide the number of days worked by the number of work days in that pay period (e.g. 3/12=0.25), then divide that number by 2 (e.g. 0.25/2=0.125), add that final result to the number of months
- **Base Salary for Period** – Calculated IBS * Number of Months
- **Staff Assignment FTE** – The FTE that the employee is assigned to the worksite.
- **Salary Requested** – The total amount of compensation being requested.

Salary Request, Hourly – This section should be completed if the employee is on an hourly pay schedule.
- **Hourly Rate** – The employee's rate hourly.
- **Maximum Number of Hours to be Worked** – The total hours that the employee is expected to work.
- **Salary Requested** – The total amount of salary being requested.

Other Labor Costs – This section is completed for all categories of pay to ensure payment of Benefits.
- **Benefit Rate** – The employee's fringe rate.
- **Benefits** – The benefit rate times the salary requested.
- **Subtotal, Labor** – The total of salary requested plus benefits.

Other Costs – This section is completed for other costs that are not salary; please note that this will need to be invoiced separately from the agreement.
- **Estimated Tuition** – The amount of tuition that is being requested for the employee.
- **Estimated Other** – The amount of other items not listed (e.g. technology fee).

Subtotal – The amount of all sections: Salary (either FTE/Stipend or Hourly), Benefits and Other Costs.

Overhead (4%) – Indirect costs are limited to 4%.

Estimated Total (including Overhead) – This field automatically totals based on entries for salary request, other labor costs, other costs and overhead.

Maximum Billable Amount –This field automatically totals based on estimated total plus additional 10%

Section 4: Notes.

Use this section to briefly note any pertinent information. For modifications, describe the change (e.g., FTE increased from .75 to .80).