

Research Grant/Time-Limited Employment Agreement

To Be Completed by Hiring Department or Principal Investigator

RG:	USC ID:	Name: (Last, First, Middle)	
TL:	Title of Position:	Date Position Ends (if known):	
Salary:	Basis:	Hours:	Eff. Date:

Please check the benefits to which this employee will be entitled as provided for in the grant or project:

- | | |
|---------------------------|---|
| Annual Leave | Will accept leave balance from prior USC RG/TL position if no break in employment |
| Sick Leave | Will allow accrual of bonus leave from prior USC RG/TL position if no break in employment |
| State Insurance Programs* | |

South Carolina Pension Programs (SCRS, PORS, or ORP). **Note:** If desired, the employee also has the right to voluntarily enroll in the SC Deferred Compensation and 403 (b) programs with no further employer funding required by this agreement.

How many total hours will the employee be working in this position? _____ If the employee is currently employed with another university department, how many hours per week do they work? _____ Please provide department name: _____

*Research grant/time-limited employees working 30 hours or more per week are entitled to insurance benefits based on the Affordable Care Act (ACA) and university guidelines. Insurance is optional for those working 20 hours or more, but if extended, they will be entitled to all insurance benefits.

I understand that if the employee's total university work hours per week equal or exceed 30, the department(s) will be billed employer fringe proportionate to hours worked for any applicable insurance elected by the employee.

Principal Investigator's Signature: _____ Date: _____

To Be Completed by the Employee

I understand that the University of South Carolina is employing me in a **research grant/time-limited position**, and my employment in this position is employment at will, which means that I may be terminated at any time with or without cause and without grievance or appeal rights, and that I will not be entitled to any compensation beyond the date of termination. In addition, I understand that my employment is subject to the following:

- Adherence to all rules and regulations of the University of South Carolina.
- My satisfactory performance in this position.
- The continued availability of funds specified in the grant or project under which I am employed.

I understand that if funds for this position end I will be terminated from employment and my termination will not be subject to administrative or judicial appeal. **Payment for unused annual leave is dependent upon the allocation of funds for this purpose.** Unused sick leave will be forfeited. Neither the University of South Carolina nor the State of South Carolina is obligated to obtain further employment for me upon termination of these funds. I understand that if the grant or project funding my position does not provide for any specified benefits, I am not eligible to enroll unless I become eligible as a result of university, state, and/or federal guidelines. I understand that the period of my employment in a research grant/time-limited position does not count toward calculations of state service dates. I also understand that bonus leave accrual may or may not exist, contingent upon the stipulations of the grant.

I understand that if the grant/project I am being employed under offers retirement benefits, I may choose not to participate as long as I do so within 30 days of the hire date and I do not have any funds currently on deposit in a South Carolina Public Employee Benefits Authority (PEBA) account. If I choose to participate, I may be required to continue participation in the future. **If I currently have funds on deposit with PEBA or am a retiree or a TERI participant and the grant or project provides retirement benefits, I am required to participate.**

If the agreement does NOT fund retirement benefits and you have funds on deposit in a PEBA account please initial the following and submit the required information:

I have funds on deposit, but have entered a research grant or time-limited position which does not support contributions to the PEBA account. [An Election of Non-Membership Form \(Form 1104\)](#) is attached.

If the agreement does fund retirement benefits, please select one of the following options, as appropriate. Upon receipt of your paperwork PEBA will be notified of your employment and they will then **forward an email to you to facilitate the option of your choice.** If you do not respond within 30 days of the **hire date** you will default to the SC Retirement System (SCRS) option. Please list the email address to which you want the email forwarded:

I want to enroll in a retirement plan. I understand that a percentage of my gross pay will be deducted for retirement. I also understand that I may be required to continue to participate as long as I have funds on deposit and I'm employed with a covered employer. The appropriate beneficiary form ([Active Member Beneficiary Form \(Form 1102\)](#) for SCRS/PORS or [Active Incidental Death Benefit Beneficiary Designation Form \(Form 1106\)](#) for State ORP) is attached. **If an ORP plan is elected, the vendor selected will also require an enrollment form, which must be obtained directly from the vendor.**

I do not want to enroll in a retirement plan. I do not have funds on deposit in an SCRS account and I also am not a TERI participant or a retiree returning to work.

I am a Post-TERI participant or returning to work as a retiree from a PEBA retirement system and the grant or project provides funds for retirement benefits. I retired prior to January 2, 2013, and based on current law, no earnings limitation will apply. However, I will be required to contribute to my PEBA retirement account at the current employee contribution rate.

I am a Post-TERI participant or returning to work as a retiree from a PEBA retirement system and the grant or project provides funds for retirement benefits. I retired January 2, 2013 or later. If I was less than age 62 (SCRS) or age 57 (PORS) at the date of my retirement, the earnings limitation of \$10,000 will apply and I will be required to contribute to my PEBA retirement account at the current employee contribution rate. (Please refer to the guidelines provided on the [PEBA](#) website for further information.)

This is an extension of an original appointment altered for pension purposes. Please refer to the prior election.

Acceptance and Signature

I certify that I read the above terms and conditions of my employment and that I understand and agree to them. My signature below indicates that I accept this position.

Employee Signature: _____ Date: _____