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| |  |  | | --- | --- | | C:\Documents and Settings\sharkins\Local Settings\Temporary Internet Files\Content.Outlook\5M52DODR\UM mark (2).jpg | **CONTINGENT CATEGORY II – CONVERSION APPROVAL FORM**  Please return completed form to Compensation at [HRComp@umaryland.edu](mailto:HRComp@umaryland.edu). For questions regarding conversion, please contact Compensation at (410) 706 6338. | | **Please Complete and Obtain Appropriate Approvals; White out is not permitted on this form.** | |  |  | | --- | | ***A Contingent Category II may be eligible to be converted to a Regular Status position without recruitment if certain criteria are met. Converted employees are subject to University of Maryland, Baltimore and University of Maryland System policies. Employment status conversion can be referenced under University of Maryland System policy VII – 1.40 and University of Maryland, Baltimore policy VII – 1.40 (A).*** | | | | | | | | | | | | |
| **Requesting Department Information** | | | | | | | | | | | |
| Department Code: | | | | |  | | | School/Adm Dept Name: | | |  |
| Requesting Unit Contact Name: | | | | |  | | | Contact Phone: | | |  |
| Supervisor Name: | | | | |  | | | Supervisor Job Title: | | |  |
| Location of Work: | | | | | | | | | | | |
|  | | | | |  | | |  | | |  |
| **SECTION 1 - Contingent Category II Employee Information**  *If the employee is currently on a work-related visa, you must contact the Office of International Services for approval at (410) 706 7488.* | | | | | | | | | | | |
| Employee Name: | | | |  | | | Employee ID: | |  | Non-Exempt  Exempt | |
| Job Title: | | | |  | | | Job Code: | |  | Full-Time  Part-Time | |
| Effective Date of Conversion: | | | |  | | | Hours per Week: | |  | FTE: | |
| Onboarding Date: | | | |  | | | Visa Status: | |  | | |
|  | | | |  | | | | | | | |
| **SECTION 2 – Conversion Options**  *As a Contingent Category II employee, there are two options that would allow for conversion. Contingent Category II employees may only be converted to regular status if their health care assistance through the Department of Budget Management (DBM) has been paid in full.* *Note a 30 day grace period is allowed between the one or three year anniversary of Contingent Category II employment and the effective conversion date and is not retroactive.* | | | | | | | | | | | | |
|  | | Option 1: | Three (3) year conversion per policy VII – 1.40. | | | | | | | | | |
|  | | Option 2: | Optional conversion after one year of continuous Contingent Category II employment. | | | | | | | | | |
| If Option 2 is selected, the following criteria must be met: | | |  | No layoffs from this Department in this title. | | | | | | | | |
|  | | |  | No other contractual employees in the same job title are eligible for conversion funded from the same source. | | | | | | | | |
|  | | | | | | | | | | | | |
| **SECTION 3 – Salary Conversion**  *Base salary shall remain the same for a Contingent Category II employee who converts to Regular status; health benefit assistance may not be absorbed. Please input the base salary below* ***and attach the completed Employee Action Form (EAF) to this conversion request.***  *Contingent Category II employees converting to a Regular status position after August 1, 2013 will begin to accrue leave as a Regular employee, and will not be compensated or allowed to carry over any remaining leave balance from the Contingent Category II contract period. If the Contingent Category II employee’s original contract was dated prior to August 1, 2013, however, they will be allowed to carry over leave upon conversion.* | | | | | | | | | | | | |
| Base Salary | | | | | | |  | | | | | |
| Sick and Annual Leave Carry Over, if applicable. | | | | | | | Sick:       Annual: | | | | | |

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| **SECTION 4– Signatures of Acceptance (Please read and initial appropriate sections before signing below.)** | | | |
| In witness whereof, the University of Maryland, Baltimore and the employee execute this conversion. Guaranteed payment only ensured once conversion approval form is fully executed and approved by Office of Human Resource Services. | | | |
|  |  |  |  |
| **Employee Signature** | **Date** | **HRS Signature (Compensation)** | **Date** |
|  |  |  |  |
| **Requestor or Supervisor Signature** | **Date** | **Position Number** |  |
|  |  |  |  |
| **Department Approval Signature** | **Date** | **PLEASE PROVIDE A COPY OF THIS CONTRACT TO EMPLOYEE; HIRING AUTHORITY TO RETAIN COPY** | |
|  |  |
| **Dean/VP Approval** | **Date** |