

**WINTHROP UNIVERSITY**  
**Acknowledgment of Position Status and Drug Free Workplace Policy**  
**for Contract or Grant Employees**

**Position:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Candidate:** \_\_\_\_\_

**Program Director:** \_\_\_\_\_

**TO BE COMPLETED BY CANDIDATE**

As a candidate for employment, an employee, or an individual employed by an entity associated with Winthrop University and whose position is housed on the campus of Winthrop University, I acknowledge that I am in a position which is funded in whole or in part by a federal contract or grant. I also acknowledge that I have received, read, and understand [Winthrop University's Drug Free Workplace Policy](#) and agree that I will abide by this policy as a condition of my employment, including my responsibility to notify the Associate Vice President for Human Resources within five (5) calendar days of any conviction for a violation of a criminal drug statute.

\_\_\_\_\_  
Signature of Candidate/Employee

\_\_\_\_\_  
Date

I understand and acknowledge that:

- this position and the program on which the position is based are funded for a specified period of time and from sources other than State General Revenue Funds;
- if I am employed, the continuation of my employment shall be contingent upon the continued availability of funds for this position and/or program;
- my employment is deemed to be employment at will, which means that I may be terminated at any time with or without cause; and as a temporary grant employee, I do not have grievance rights and I will not be entitled to any compensation beyond the date of termination;
- any benefits offered (see checklist of benefits on back) and leave accrual or payout shall be determined by the contract or grant, or by the governing authority over the contract or grant on which this position is based and as explained by the program director;
- guidelines for pay increases/cost of living/merit increases will be determined by the contract or grant, or by the governing authority over the contract or grant; and as a temporary grant employee I am not entitled to State or University appropriated salary adjustments;
- if the contract or grant on which this position is based allows funding for annual and sick leave, the rate at which I accrue leave will be determined by the contract or grant, or by the governing authority over the contract or grant; my prior South Carolina state service (if any) will not be considered when determining leave accrual rates; any annual leave balances while in a previous South Carolina state funded position will not carry over to this position; and
- I will not receive state service credit while I am employed in this temporary grant position.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PROGRAM DIRECTOR**

I acknowledge that:

- I have discussed "availability of funds" and its relation to this position and program continuation with the above-identified candidate;
- I have explained to the candidate that the position is not "permanent" and that a decrease in or discontinuation of program funds could result in the termination of the candidate's position and employment; and
- I have explained the terms of this particular contract or grant and made the candidate aware if the position is eligible for any leave accrual and/or other benefits; and if this particular contract or grant will fund a payout of accrued leave upon termination of this position.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

## CHECKLIST OF BENEFITS AVAILABLE FOR CONTRACT OR GRANT FUNDED POSITION

Directions: Must be completed by the program director for the contract or grant indicated on the front side of this form. (Questions regarding benefits available for a particular contract or grant should be directed to the sponsor agency for the contract or grant.)

It is the responsibility of the director of the grant to review the information below with the potential employee either before or at the time an offer of employment is extended.

According to the terms of the grant, an employee hired into this position will be eligible for the following benefits which will be funded by the contract or grant (check all that apply):

- Health insurance** (check one:) \_\_\_\_\_Employee or \_\_\_\_\_Employee and family
- Dental insurance** (check one:) \_\_\_\_\_Employee or \_\_\_\_\_Employee and family
- Annual leave:** Initial accrual rate \_\_\_\_\_hours per month
- Sick leave:** Initial accrual rate \_\_\_\_\_hours per month
- Payment for unused annual leave upon termination of employment.** Maximum number of days the contract or grant will pay for unused annual leave is \_\_\_\_\_.

*I have read the language of the contract or grant and have verified with the sponsor agency that the above indicated benefits are available to the employee.*

Available benefits confirmed by \_\_\_\_\_  
Signature of program director of contract or grant