(Insert Date)

(Name)

(Address)

(City, State & Zip)

Dear (Insert Name):

Thank you for agreeing to serve as the (Insert Working Title, e.g., director of graduate programs, curriculum coordinator, director of undergraduate advising) for the (Insert Department). Your (insert tenure status and rank) in the Department of (Insert Department) is designated as your primary appointment for determination of conditions of employment and your rights and responsibilities as an employee. This administrative appointment is your secondary appointment and is on an “at-will” basis, (Insert 9- or 12-) month position, beginning (Insert Begin Date).

Your performance and responsibilities will be reviewed periodically according to established university requirements and college/department evaluation criteria.

As compensation for your responsibilities as the (Insert Working Title), you will receive (Insert parameters such as # of course reductions; salary supplements, summer salary). [note that this next sentence may or may not apply] The supplement will terminate with the end of this administrative appointment. You will be provided with (Insert department contributions).

Your duties and responsibilities as the (Insert Working Title) include:

(Insert Duties/Responsibilities)

(Insert Duties/Responsibilities)

(Insert Duties/Responsibilities)

This letter constitutes the full terms of your assignment as the (Insert Working Title) and supersedes all other offers, either written or verbal, that may have been made to you. Should you have questions concerning this administrative assignment, please contact me.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, Department Head/Dean)

cc: (Name, College/Division Business/HR Officer)

 Human Resources Information Management, Campus Box 7210

I accept this appointment and agree to abide by the policies, regulations and rules of the University.