Date

Employee Legal Name Employee G Number Work Location
Department
College/Unit

Dear Employee Legal Name:

I am pleased to advise you that you will be paid as follows for work performed:

**Dates worked:** MONTH, DAY, YEAR to MONTH, DAY, YEAR

**Total Amount of Payment:** $\_\_\_\_\_\_\_

**For Total Hours Worked:** \_\_\_\_\_\_\_\_ hours

**For the following duties:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

There are no additional benefits associated with the appointment. I appreciate your willingness to assist us.

Sincerely,

Dean/Appointing Officer Name

Dean/Appointing Officer Title

cc: Human Resources

 Budget

This employee is a currently employed as a:
\_\_\_\_ student employee \_\_\_\_ hourly staff \_\_\_\_ salaried faculty or staff

Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_