Date

Employee Legal Name Employee G Number

Employee Full Address

Dear Employee Legal Name:

I am pleased to formally offer you extra compensation for semester/year. The dates of the **semester** are **MM/DD/YYYY** to **MM/DD/YYYY**. Your contract details are outlined below:

|  |
| --- |
| Course Day/Time Bldg/Room Cr. Hrs Pos. # Salary |

Your assignment dates for the semester are **MM/DD/YYYY** to **MM/DD/YYYY** *(as needed if different than semester dates).*Pay dates for this assignment can be found at [www.gvsu.edu/payroll](file:///C%3A%5CUsers%5Cbravome%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CRF9PRCDI%5Cwww.gvsu.edu%5Cpayroll%C2%A0)under pay calendars, then adjunct dates.  The first pay will occur as soon as administratively possible within these pay dates after receipt of this signed appointment letter.

All faculty are subject to the policies of the University as found on the University Policies website, [www.gvsu.edu/policies](http://www.gvsu.edu/policies). This appointment is dependent upon adequate student enrollment to be determined after registration is complete. No retirement or other fringe benefits apply to this appointment.

GVSU must verify that each faculty member is qualified to teach the course(s) indicated. Therefore, the following documents are required in order to complete the hiring process:

1. Signed appointment letter
2. Signed Faculty Qualifications Assurance Form
3. A current resume or curriculum vitae, showing relevant education/training, certifications, and experience
4. Official transcripts for the highest degree earned relevant to the course(s) being taught

This contract is contingent on receiving credentials validating the qualifications needed to teach the course(s). If it is determined the credentials are not appropriate to teaching the course(s) indicated, this contract is invalidated. If you have previously submitted the documents to teach in this program at GVSU, and they are up-to-date, then new documents do not need to be submitted at this time.

Please sign, date and return this letter to me by date as an official indication of your acceptance of your appointment and the conditions indicated.

Sincerely,

Dean/Appointing Officer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Dean/Appointing Officer Title Faculty Signature

cc: Provost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Human Resources Date

FOAP (optional)