Insert Date

Name

Street Address

City, State & Zip Code

Dear Insert Name:

On behalf of North Carolina State University and the Insert Department Name in the Insert College/Division Name, I am pleased to offer you an unsalaried appointment as a Visiting Scholar effective Insert Date. Please note the effective date of employment is subject to change based on COVID-19 developments and related public health restrictions. This is an “at will” appointment not to exceed Insert period not to exceed 24 months that carries a Insert FTE full-time equivalent (FTE) service obligation on Select Academic/Fiscal Year basis beginning Insert begin date, with continuation or discontinuation at the discretion of the Chancellor (or Chancellor’s designee).

*[INCLUDE FOR ACADEMIC YEAR APPOINTMENTS: Due to the current COVID-19 pandemic, Chancellor Woodson has made the decision to commence the fall semester on August 10, 2020, and to end the semester two weeks early on November 25, 2020.  This adjustment was made for health and safety reasons, in particular, to avoid having students and other members of the university community from traveling during Thanksgiving break and returning to campus, which could potentially result in an increased risk of exposure to the COVID-19 virus. I will be in touch with you to talk with you about what the change in semester dates will mean for your work with the department in the fall semester. ]*

Insert specific responsibilities (E.g. essential job functions, moving expenses (if allowed by policy), etc.))

This appointment is contingent upon a satisfactory background check, verification of academic and professional credentials and your agreement to abide by the policies, regulations and rules of the University as adopted and as may be amended.

This letter and the attached Terms and Conditions of Employment constitute the full terms of your appointment and supersedes all other offers, either written or verbal, that may have been made to you. Please sign two copies of this letter and sign the last page of the terms and conditions; keep one copy for your records and return the other to me.

Please acknowledge your acceptance of this appointment by signing this letter, and the incorporated Terms and Conditions, and returning it to me by Insert Date.

Should you have questions concerning this appointment, please let me or Insert name of HR Representative know as soon as possible.

Insert a closing statement appropriate with this role

Sincerely, Approved by:

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 Name, Hiring Official Name, Dean, VC, Provost or Chancellor

I accept this appointment and agree to abide by the policies, regulations and rules of the University of North Carolina system and NC State as adopted and as may be periodically revised or amended.

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

Printed Name Signature / Date

cc: Name, College/Division Business/HR Officer

Human Resources Information Management, Campus Box 7210