Insert Date

Insert First and Last Name
Insert Street Address

Insert City, State and ZIP Code

Dear Insert Name:

I am pleased to offer you the appointment as Insert working title in the Insert College or Division Name, at NC State University, 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 position is designated as a Senior Academic and Administrative Officer-Tier II (SAAO Tier 2) employee position, which is your primary appointment for determination of your conditions of employment and your rights and responsibilities as an employee. This appointment carries a full-time (1.0 FTE) service obligation on a fiscal year (12-month) basis. This SAAO Tier 2 appointment is “at-will” with continuation or discontinuation of the appointment at the discretion of the Chancellor. You will report directly to the Insert name of College / Division’s Senior Administrator.

Your gross annualized salary as Insert position title will be $Insert gross annualized salary. The Insert College/Division will provide moving expenses (i.e. house hunting, household moving and temporary housing expenses) for relocation to North Carolina, in the amount of $Insert amount.

In accordance with IRS tax rules, relocation allowances are fully taxable to the employee and are subject to applicable payroll tax withholding. If you have questions regarding IRS tax rules related to your relocation allowance, please contact your own tax, legal and accounting advisers before signing this employment agreement. Please be advised that you will not be required to provide receipts for this lump sum relocation allowance in accordance with NC State Policy 05.15.03- Non-Salary and Deferred Compensation. The University will not be responsible for relocation expenses that exceed the amount approved as part of this employment agreement. In addition, employees that separate (either voluntarily or involuntarily) from University employment prior to one year of completed employment may be required to fully reimburse the University at the gross amount of any allowance received.

You are eligible to participate in the healthcare, retirement, and other benefit programs provided by the University to SAAO Tier 2 employees. As a SAAO Tier 2 employee, you are entitled to earn 24 days of annual leave. You are also entitled to accrue sick leave, and are eligible for other leave as may be prescribed for employees pursuant to the North Carolina Human Resources Act and NCSU POL 05.15.01 (EHRA Policy).

A general description of the position was provided to you as part of the search process. Your work performance and responsibilities will be reviewed periodically, according to established University requirements.

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. The information on the attached Terms and Conditions of Employment sheet is incorporated as part of this letter.

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.

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:

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

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.

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Signature Printed Name

cc: Insert Name and Title of Division or College Head

 Insert name, division/college HR Officer

 Central HR Information Management, Campus Box 7210