Insert Date

Name

Street Address

City, State & ZIP Code

Dear Insert Name:

On behalf of North Carolina State University and the Insert name of department / school in the College of Insert College Name, I am pleased to offer you employment in a professional faculty position at the rank of Insert rank at a gross annualized salary of $Insert Salary. This fixed-term appointment carries a full-time equivalent 0.75 – 1.0 FTE service obligation for a Insert duration of appointment – must be a recurring appointment of at least 9 months and no more than 5 years term on an Select Academic/Fiscal Year Appointment basis effective Insert Begin Date through Insert End Date. Please note the effective date of employment and the start date of the semester are subject to change based on COVID-19 developments and related public health restrictions.

REMOVE LANGAUGE IF NOT APPLICABLE - The Insert College/Division will provide moving expenses (i.e. house hunting, household moving and temporary housing expenses) for relocation to North Carolina, in an amount up to $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.

Insert specific responsibilities or commitments.

Employment in this position 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 well as any funding contingency. REMOVE IF A 9-MONTH FACULTY APPOINTMENT - A faculty member with a 12-month appointment, and an FTE of at least 0.50 or greater, is considered in a leave earning position that is entitled to earn 24 days of annual leave (or prorated value based on FTE). 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).

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

Please acknowledge your acceptance of this appointment by signing this letter, and its incorporated Terms and Conditions, and returning it to me by Insert Date. Should you have questions concerning your appointment, please let me or Insert name of HR Representative know as soon as possible.

My colleagues and I sincerely look forward to working with you at NC State University.

Sincerely, Approved by:

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

Name, Department Head Name, Dean

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