Insert Date

Name

Street Address

City, State & Zip Code

Dear Insert Name:

On behalf of North Carolina State University and the Insert Department/School Name in the College of Insert College Name, I am pleased to offer you a professional faculty appointment with the rank and title of Insert Rank, Choose the summer session, effective Insert Begin Date through Insert End Date. Please note the effective date of employment is subject to change based on COVID-19 developments and related public health restrictions.

You will receive Enter compensation amount and will be responsible for the following teaching:

Course Number Course Name Credit Hours Gross Compensation

XXX XXX XXX $X,XXX

Include a specific statement of goals and objectives on which the faculty member will be evaluated.

Compensation is authorized only for the instruction of regularly scheduled classes, not for the supervision of graduate research, special projects, or special topics classes.

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.

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