***(PLEASE COPY, REVISE AND PRINT TO YOUR DEPARTMENT LETTERHEAD)***

## SAMPLE NOTICE OF APPOINTMENT

**NEW EMPLOYEE - Summer Academic Wage Appointment**

This letter constitutes an initial notice of appointment for a summer academic wage employee. Conditions for reappointment of summer academic wage appointments should not be stated in the letter.

##### \*\*Summer session dates are: June 16 – September 15

**NOTE: 9-month academic faculty members paid from gifts, grants or contract may budget a maximum of 3.0 months summer salary if allowed by the gift, grant or contract and approved by the department chair/head and dean.**

Date

University Address

Dear \_\_\_\_\_:

I am pleased to offer you a *[full-time, (1.00 FTE)/part-time, (0.XX FTE)]* summer academic wage appointment as \_\_\_\_\_\_\_ in the *[Office/Department/ College]* of \_\_\_\_\_\_\_. This letter, when accepted below, serves as a notice of appointment for the period \*\*\_\_\_\_\_\_\_ to \*\*\_\_\_\_\_\_\_\_ with a full-time 9-month annual salary rate of $\_\_\_\_\_.

**ALTERNATIVE PARAGRAPH: If this employee will be paid from gift, grant, or contract funding source(s), use the following paragraph in place of the previous paragraph:**

I am pleased to offer you a *[full-time, (1.00 FTE)/part-time, (0.XX FTE)]* summer academic wage appointment as \_\_\_\_\_\_\_ in the *[Office/Department/ College]* of \_\_\_\_\_\_\_. This letter, when accepted below, serves as a notice of appointment for the period beginning \*\*\_\_\_\_\_\_\_ and ending \*\*\_\_\_\_\_\_\_\_, contingent on receipt and continuation of gift, grant or contract funds sufficient to cover your salary and benefits for this period. Your full-time 9-month annual salary rate will be $\_\_\_\_\_.

**ALTERNATIVE Paragraph: If this employee will be paid a lump sum payment:**

I am pleased to offer you a summer academic wage appointment as \_\_\_\_\_\_\_\_\_\_in the *Department/College}* of \_\_\_\_\_\_\_\_\_\_\_\_\_ for the period beginning \*\*\_\_\_\_\_\_\_\_\_\_\_ and ending

\*\* \_\_\_\_\_\_\_\_. *[If this appointment is for less than the full summer session, indicate actual dates of the work period not to exceed September 15.]* Your total salary of $\_\_\_\_\_\_\_\_ will be distributed over your appointment period.

**Term-by-term Instructor appointments (optional statement): This statement may be used for term-by-term Instructor appointments when low course enrollment is a concern and the (college/unit) would like to make the offer contingent upon sufficient enrollment:**

This offer of employment is contingent upon the (college/unit’s) decision that there is sufficient enrollment of students to justify offering the course.

**OSU Policies and Standards – Use in EACH letter:**

This appointment is subject to all OSU policies and standards, which are incorporated by this reference.

**Work Authorization Requirement – Use in EACH letter:**

This offer is contingent on your demonstration of your authorization to work in the United States for OSU. Ongoing employment will require your continuing ability to demonstrate that you remain authorized to work in the United States for OSU.

**Criminal History Check - Use when an offer of employment is contingent upon a satisfactory criminal history check (CHC):**

This position is designated as a critical or security-sensitive position; therefore, you must successfully complete a criminal history check and be determined to be position qualified as per OSU Standard 576-055-0000 et seq. Because you hold a critical or security-sensitive position, you are required to self-report convictions [and because you are assigned youth program duties, your criminal history will be checked every 2 years]. Offers of employment are contingent upon meeting all minimum qualifications including the criminal history check requirement. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

**Valid Driver’s License/ Satisfactory Driving History - Use when an offer of employment is contingent upon a valid driver’s license/satisfactory driving history:**

This position requires driving a university vehicle or a personal vehicle on behalf of the university; therefore, the incumbent must successfully complete a motor vehicle history check, possess and maintain a current, valid driver's license in their state of residence, be determined to be position qualified and self-report convictions as per OSU Policy 05-030 et seq. Offers of employment are contingent upon meeting all minimum qualifications including the motor vehicle check requirement. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

**Compliance with NCAA Regulations – Use if the appointee will work with student athletes in Athletics or with student athletes in another capacity, i.e., Advisor, Admissions Counselor, etc:**

This position requires your commitment to comply with all National Collegiate Athletic Association (NCAA) regulations. Personnel within the Department of Intercollegiate Athletics are available to assist you, should you have any questions regarding this requirement.

**Assigned duties – Use in EACH letter:**

Your responsibilities will include (briefly describe).

**FLSA STATEMENT - Please include ONE of the following paragraphs, as appropriate:**

**For FLSA Exempt employees**

This position meets the criteria for exemption from the provisions of the Fair Labor Standards Act; thus, you will not be eligible to receive overtime compensation.

**For FLSA Non-Exempt employees**

This position does not meet the criteria for exemption from the provisions of the Fair Labor Standards Act; thus you will be eligible to receive overtime compensation, as appropriate. Overtime requires prior approval from your supervisor.

**Benefits - Select one of the following paragraphs, as appropriate:**

**If the FTE for this appointment is .50 or greater, and the employee is currently in an unclassified benefits-eligible position, use:**

Your current benefits program selections will remain in effect. Please contact the Office of Human Resources employee benefits section at (541) 737-2805 if you have questions regarding your benefits.

**If the FTE for this appointment .50 or greater and results in benefits for the first time use:**

Visit the “Inside OSU” website for new employees at <http://hr.oregonstate.edu/inside-osu> to review health benefit plan options, pension and retirement savings options, and how to enroll. You must enroll in your health benefits **within 30 days** of your hire date. Benefits are generally effective the first of the month after your hire date and completion of the enrollment process. The “Inside OSU” website also contains general information to orient you to OSU including work/life balance topics and resources. If you are in a pension eligible position, you will be asked to make a pension program election before you complete your first six (6) full months of employment. Pension contributions will be made on your behalf by the university after you have served a waiting period of six (6) full months from your hire date. This website contains additional information regarding pension eligible positions: <http://hr.oregonstate.edu/orient/benefits/uf/pension>.

**Personal Demographic Paragraph – Use if appointee has never been employed by OSU (NOTE: A new form MAY be required when rehiring or reappointing a former employee. See the OSCAR Rehire/Reappoint tasks instructional text when rehiring or reappointing a former employee to determine whether or not a new form is required.) The paragraph can be excluded if a form is not required:**

Please complete the enclosed Personal Demographic form and return it to \_\_\_\_\_\_\_\_\_\_. This will speed up your access to campus services.

**Technology Transfer Statement – Use one of the following paragraphs, as appropriate:**

**Use if a Personal Demographic form is required:**

Oregon State University has a technology transfer program. All OSU employees are required to sign an agreement concerning the rights to technology developed during their employment at OSU. If you would like additional information, including rights to a royalty share, contact the Office of Commercialization and Corporate Development, Kerr Administration Building A312, (541) 737-3888.

**Use if a Personal Demographic form is NOT required:**

The Technology Transfer Agreement signed at the time of your original employment with OSU will remain in effect.

**Acceptance Statements – Use in EACH letter:**

If you find this offer to be acceptable, please sign one copy of the letter and return it to me. The other copy is for your records.

We look forward to your acceptance of this offer.

Sincerely,

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

*[Dean, Director or Department Chair/Head]*

I accept the offer as outlined in this letter.

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

*[Employee Name]* Date

c: Your HR team