

Full Tenure Relinquishment Program Returning Retiree AWA Model Offer Letter

Date

Faculty Member's Name

ID #

Department

Oregon State University

Dear Name:

I am writing to share that your full tenure relinquishment request has been approved per the Full Tenure Relinquishment Application and Agreement form signed by you on \_\_\_\_\_ [date] and approved by myself and Dean \_\_\_\_\_ [name].

As we agreed upon, you will receive an academic wage appointment for continued employment of up to 1040 hours in a calendar year for \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ [list each calendar year as agreed upon in the agreement form]. The Full Tenure Relinquishment Application and Agreement form serves as an employment contract for this appointment and outlines the associated terms and conditions. As indicated, your work schedule and assignments are at my discretion, based on department/college needs and considerations.

While it is the University's hope that we are able to provide your level of salary for the entire appointment period, it is possible that financial circumstances will necessitate the University implementing temporary salary reductions that may impact your salary. If that occurs, the University will provide advance notice of the details of any salary reductions.

**Academic Teaching/Research Faculty Collective Bargaining Agreement statement - Use below paragraph if appointee is being placed into a *non-supervisory* UAOSU represented position:**

This academic wage position is represented by United Academics of Oregon State University (UAOSU), AAUP/AFT, AFL-CIO. Please be advised that this position is subject to a collective bargaining agreement between the Oregon State University and UAOSU. For more information regarding the contract, please go to: [Academic Faculty Resources page](#).

Your signature will serve as acknowledgment of receipt of the letter and the Full Tenure Relinquishment Agreement form.

I appreciate your service to the institution and look forward to our continued working relationship.

Sincerely,

\_\_\_\_\_

Department Chair/Head Name

I acknowledge receipt of this letter and a copy of my approved Full Tenure Relinquishment Agreement form.

\_\_\_\_\_

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[Employee's Name]

Date

C: University Human Resources