Date

Name

Address

Address

Email:

Dear

I am pleased to offer you employment as a Graduate Teaching Assistant in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the **2017** Summer Session. The appointment is for the \_\_\_\_\_\_\_\_\_\_\_ session, beginning on \_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_\_. Your assignment will be as follows:

Class Name and Credit Hours:

Session/Dates:

Days & Time:

Location of Class:

Maximum Salary:

Summer Session payment dates are as follows:

Pre-Session 8-Week Session 1st Session 2nd Session

87% - May 31 32% - May 31 80% - June 30 67% - July 31

13% - June 30 55% - June 30 20% - July 31 33% - August 31

13% - July 31

The actual amount to be paid to you is based on the final enrollment for your course(s) and is guided by the CEHS partial pay schedule. Specifically, if a course does not meet minimum student enrollment numbers, your pay may be prorated by the number of enrolled students. If the pay is prorated, our department will contact you to discuss options for the course. Additionally, the department retains the right to cancel the course at any time prior to it starting.  If cancelled, you will receive no financial compensation.

You are not required to register for credit hours during the session you are teaching; however, a graduate assistant’s total enrollment for **ALL summer sessions combined** determines whether or not they are exempt from paying FICA & Medicare taxes. If a student’s enrollment for all summer sessions combined is 4 or more credit hours, the student will be considered a half-time student, therefore exempt from FICA/Medicare withholding.

Your accepting this appointment indicates your willingness to meet all classes as schedule and to turn in grade reports on or before the due date. Any special arrangements must be approved by the Chair of the Department.

We look forward to your joining us this coming summer. If you accept this offer on the terms outlined above, please return a signed copy of this letter by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Department Chairperson

I agree to the above terms and conditions. *Please sign and return*.

Signature Date