Date

Name

Address

Address

Email:

Dear

I am pleased to confirm your appointment in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the **2019** Summer Sessions. Your appointment is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Session** | **Salary** | **Course(s)** | **Credit Hours** |
| Pre-SessionEmployment dates:**May 20 – June 7** |  |  |  |
| 8-week SessionEmployment Dates:**May 20 – July 12** |  |  |  |
| 1st 5-week SessionEmployment dates:**June 10 - July 12** |  |  |  |
| 2nd 5-week SessionEmployment dates:**July 15 – August 15** |  |  |  |

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.

Summer Session payment dates are as follows:

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

67% - May 31 25% - May 31 60% - June 30 54% - July 31

33% - June 30 50% - June 30 40% - July 31 46% - August 31

25% - July 31

If you have any questions regarding your appointment, please contact me.

Sincerely,

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

(name), Chair Dori Smidt, Assistant Dean of Business Operation

(name of department) College of Education & Human Sciences

Accepted:

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

(name of faculty member) Date