Date

Name

Address

Address

Email:

Dear

I am pleased to confirm your appointment in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the **2018** Summer Sessions. Your appointment is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Session** | **Salary** | **Course(s)** | **Credit Hours** |
| Pre-SessionEmployment dates:**May 14 – June 1** |  |  |  |
| 8-week SessionEmployment Dates:**May 14 – July 6** |  |  |  |
| 1st 5-week SessionEmployment dates:**June 4 - July 6** |  |  |  |
| 2nd 5-week SessionEmployment dates:**July 9 – August 9** |  |  |  |

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

93% - May 31 35% - May 31 80% - June 30 71% - July 31

7% - June 30 52% - June 30 20% - July 31 29% - August 31

13% - July 31

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

Sincerely,

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

(name), Chair (name), Dean

(name of department) (name of college)

Accepted:

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

(name of faculty member) Date