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| --- | --- |
| **To:** (*insert Part-time Faculty Name*) | **Date:**  |
| **From:** (*insert Dept Head/Supervisor Name*) |
| **Dept/School Name:** | **Dept/School No:** |

**CONDITIONS OF THIS AGREEMENT**

This agreement is based upon UGA Academic Affairs Policy 1.09-10 on Part-Time Faculty and is subject to the following conditions:

* Your rank/title will be part-time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *<<insert rank/title such as part-time assistant research scientist, or part-time instructor>>*
* Your appointment dates will be \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_.
* Your assignment will be *<<indicate duties>>*.
* You will be paid a total of $X,XXX during this period based on an academic annual salary rate of $XX,XXX.
* POSITION FUNDING*<<add if position continuation is contingent on external funding>>***:**  X% of funding for this position is paid from XXX *<<list external funding source/sources>>*. Continuation of employment is expressly subject to continued support from these external funding sources.
* The Affordable Care Act requires employers to track employee hours worked/paid. It is expected that you will work an average of \_\_\_\_ hours per week <<*to calculate hours/week:*  $\frac{Compensation per Summer Pay Period}{(Academic Year Salary Rate/9)} = \\_\\_\\_\\_\\_\%\*40=Hours per Week\gg $ as outlined in the table below. Please let your department head or supervisor know immediately if your job requires additional hours worked that significantly change the average expected so that it can be approved in advance and recorded. If you do not notify your department head or supervisor of any changes to your schedule, we will expect that you are averaging the number of hours per week noted above.

<<*Add rows as needed>>*

|  |  |
| --- | --- |
| **Teaching Duties** |  |
| **Course No.** | **Course****Name** | **Days** | **Class Time** | **Location** | **Class Credit Hours**  | **Standard Hrs Worked/Week** | **Benefits Eligibility[[1]](#footnote-1)** |
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|  |  |  |  |  |  |  |  |
| **Teaching Subtotal:** |  |  |
| **Non-instructional Duties** |  |
| **Description** | **Expected Hrs Worked/Week** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Non-instructional Subtotal:** |  |  |
| **Total Expected Hours:** |  |  |

* The department head/supervisor of the unit in which the part-time faculty member is working must ensure the average hours worked per week follows the expectations stated above.
* If your assigned duties include instruction and the course enrollment falls below the minimum, the decision to proceed with the course will be determined by the institution. We cannot guarantee that you will teach particular courses, or that you will be scheduled to teach.
* This offer of employment is contingent upon completion of a background investigation demonstrating your eligibility for employment in accordance with USG Background Investigation policy at <http://www.usg.edu/hr/manual/background_investigation>. Employment at the University of Georgia is subject to verification of an applicant’s identity and eligibility for employment as required by the Immigration Reform and Control Act of 1986 as amended.  As required by federal law, you must complete Section 1 of the I-9 no later than your first business day of employment.
* Additional Terms of Offer: <<*list other terms as applicable to this faculty position/appointment>>*

**Are you currently employed at another UGA unit and/or USG Institution?**

 **\_\_\_ Yes \_\_\_\_*No***

**Do you anticipate being employed at another UGA unit and/or USG Institution?**

 **\_\_\_ Yes \_\_\_\_*No***

***REQUIRED IF EITHER REPLY IS “YES”:*** *Attach a list of unit(s)/institutions & anticipated number of contact hours taught and/or worked per week per unit/institution per appointment term. Submit a copy of this signed agreement with attached list to the* [*UGA Dual Appointment Coordinator*](http://hr.uga.edu/supervisors/employment-administration/dual-appointment-information/)*. In most cases, the dual appointment agreement must be fully-executed by the Presidents of both institutions prior to the employment effective date. Note that initiation of this agreement is an on-going obligation prior to any new term of joint employment among USG units.*

Responsibility to ensure compliance with UGA Academic Affairs Policy 1.09-10, including completion of part-time faculty letters of agreement and tracking of hours worked, is delegated to the senior administrative officer of each unit (dean, vice president, associate provost, etc.). UGA Academic Affairs Policy 1.09-10 stipulates that part-time faculty:

1. Are not accruing time toward tenure.
2. Are required to sign a letter of agreement for each appointment period and are not issued contracts.
3. Are not the same as adjunct (courtesy) faculty appointments, which are unpaid.
4. May be USG benefits eligible, depending on the duration of their employment and percent time employment. If the part-time appointment is continuous for more than one consecutive semester (excluding summer) and 50% time or greater, benefits will be offered based on percent time in accordance with the [Employees Categories policy](http://www.usg.edu/hr/manual/employee_categories) in the USG Human Resources Administrative Practices Manual.
5. Who work or teach at more than one UGA unit and/or USG institution must notify each unit/institution of the appointments, disclose the number of contact hours being taught or hours worked at each unit/institution, and may have his/her employment limited by the unit/institutions. A [*USG Dual Appointment Agreement*](http://hr.uga.edu/supervisors/employment-administration/dual-appointment-information/) between institutions must also be initiated.

This agreement is made expressly subject to the applicable State and Federal laws and to the statutes and regulations of this institution, the Policies of the USG Board of Regents, which are available for your inspection upon request, and approval of the institution’s President. Acceptance of this appointment under the terms set forth herein is indicated by signing this agreement.

Please indicate your acceptance of the terms of this offer by signing the enclosed copy of this letter and returning a signed copy of the letter to me no later than *[insert acceptance date]*. In addition, if you have not already done so, please request that official transcript(s) of your highest degree awarded be sent directly to me by the Registrar(s) of the degree granting institution(s) by *[insert date]*. If you request an electronic transcript, please have it sent via email from the awarding institution to the Associate Provost for Faculty Affairs at ofatranscripts@uga.edu.

Signature of Department Head/Supervisor Date

Signature of Part Time Faculty Member Date

1. Benefits information found here: <https://provost.uga.edu/policies/academic-affairs-policy-manual/1-09-appointment-procedures/#p-1-09-10> Please contact Human Resources if you have questions regarding benefits. [↑](#footnote-ref-1)