

LETTER OF APPOINTMENT
Quarterly Lecturers

DATE

NAME
ADDRESS
CITY, STATE ZIP

Dear **FIRST NAME**:

You are hereby appointed Lecturer in **DEPARTMENT** in the **COLLEGE/SCHOOL** at Santa Clara University for the **FALL/WINTER/SPRING** Quarter of the **YEAR** academic year. Your appointment begins **BEGINNING DATE FROM QPT PROCEDURES** and ends **ENDING DATE FROM QPT PROCEDURES**. You will teach the following course(s) during the quarter:

| COURSE NUMBER | COURSE TITLE | # OF UNITS | DAYS/TIMES |
|----------------------|---------------------|-------------------|-------------------|
| COURSE NUMBER | COURSE TITLE | # OF UNITS | DAYS/TIMES |

You shall conduct assigned class meetings and exams as per the Santa Clara University *Schedule of Classes*, shall hold weekly office hours on campus as determined by the Chair of the Department, shall assign and submit student grades to the Registrar, shall administer both quantitative and narrative evaluation instruments as set by your department chair, and shall fulfill other instructional or academic duties, such as attending faculty meetings or department special events, as may be assigned by the Dean of the **COLLEGE/SCHOOL** or the Chair of the Department. Except in the case of sudden illness or emergency, any missed class meetings must be approved in advance by the Chair. In the case of sudden illness or emergency, you shall be responsible for contacting the Chair to discuss coverage of the class meeting.

For fulfilling these responsibilities, your compensation will be **\$XX,XXX**, payable in # equal semi-monthly installments on the dates established by the Human Resources Department. All required withholdings will be deducted from each installment. Voluntary withholdings may be arranged with the Human Resources Department.

For compensation less than \$6,600 add: Because of state law regarding compensation of part-time employees, the University expects that in respect to fulfilling the obligations of this contract you will never work more than eight (8) hours per workday, nor more than forty (40) hours per work week, during the term of this contract. This is a material condition of this contract and cannot be changed by any representative of the University.

As a condition of your appointment, you will be required to complete the University's Sexual Harassment Educational Training Program within four (4) weeks of the effective date of your appointment, as detailed in Attachment A.

This faculty appointment is subject to the applicable terms and conditions set forth in the *Faculty Handbook* as amended from time to time, the protocols of the **COLLEGE/SCHOOL**, and such special rules and regulations as may be promulgated. These documents are available for review in the Dean's Office and in each departmental office. This appointment is for the stated term only and does not fulfill any conditions for tenure at the University. During the period of this appointment, the University reserves the right to rescind or amend this appointment for good cause, including but not limited to insufficient enrollment or loss of funding for the course. This document comprises the entirety of your agreement with the University and can be altered or extended only by further written agreement signed by you and the Dean.

Please record your acceptance of these terms and conditions by signing in the space indicated below and **return this letter to the Dean's Office one week from the date of this letter**. A copy of this letter is for your records. **The most recent version of your curriculum vitae is also required. Email a copy as soon as possible to NAME in the Dean's Office (email address).**

This appointment is contingent on proof of your eligibility to work in the United States at Santa Clara University. If you have a *new appointment or a reappointment following a one-year lapse in service*, **you must schedule an appointment with the Dean's Office by DATE** to complete employment forms (W-4 Employee's Withholding Allowance Certificate, I-9 Employment Eligibility Verification Form, and Biographical Information form.) Please bring specific documentation that is needed to complete the I-9 form. Please also note that neither paychecks nor campus privileges can be initiated until your signed letter of appointment and all required employment documentation is received.

Sincerely,

NAME
Dean, **COLLEGE/SCHOOL**

Accepted: _____

Date: _____

enclosures