

TENNESSEE BOARD OF REGENTS OF THE STATE UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF TENNESSEE

Institution/Technology Center

NOTICE OF EMPLOYMENT OF ADJUNCT FACULTY

TO: _____

This is to confirm your appointment as an adjunct faculty member in the _____ (department/division or area of assignment) for the _____ (semester/quarter) 20____ to teach the following course(s): (list course by course number, name, and section number) _____

_____ at a salary of \$_____ per credit hour, effective _____, 20____, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents, and the requirements and policies of this institution/technology center.

2. The above-stated salary is contingent upon your successful completion of service for the full term of this agreement. The salary will accrue and be payable as follows:

_____. In the event of failure to complete the specific terms of the appointment, salary will be prorated in accordance with the policies of the institution/technology center.

3. This appointment and the above-stated salary are in consideration of your faithful performance to the best of your ability of the duties and responsibilities assigned to you as an adjunct faculty member of this institution/technology center.

4. As an adjunct faculty member you are not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay, or longevity credit.) Notwithstanding, social security will be deducted from your paycheck unless you are a member of a retirement system or are a rehired annuitant as specified in 26 CFR Part 31.

5. Finalization of the pending assignment will be subject to the course(s) sufficient enrollment and/or other administrative considerations. Should the class(es) not have a sufficient number of students register, this contract automatically becomes void. The institution/technology center also reserves the right to terminate this agreement and transfer the class(es) to a full-time faculty member.

6. This appointment does not include any assurance, obligation, or guarantee of subsequent employment.

7. Classes will begin on _____, 20____ and will end on _____, 20____, including examinations. In the event you cannot meet the class(es) at any scheduled time, you

must immediately contact your Department Head. Any absenteeism will be reflected in your rate of pay.

8. The class roll(s) will serve as the official record of attendance and catalog description(s) as the official record of contract hours taught. Paychecks will not be issued until all personnel requirements have been met. The final paycheck will not be issued until all contractual obligations have been met.

9. This agreement may be terminated without advance notice.

10. You are required to notify the Director of Personnel/Vice President for Academic Affairs should you become employed at another state agency/institution.

11. By acceptance of this appointment, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. I also agree to notify the Office of Personnel of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction.

12. The following special conditions shall govern this appointment:

13. I agree to abide by the policies of the Tennessee Board of Regents and of this Institution/Technology Center regarding Intellectual Property, and hereby acknowledge my responsibilities under those policies to disclose and possibly assign (as required under policy) Intellectual Property developed by me, either solely or jointly with others, during the term of my employment, and to otherwise assist the Institution/Technology Center as required by policy in protecting rights it may have in that Intellectual Property. It is a Class A misdemeanor to misrepresent academic credentials.

You must signify your acceptance of this appointment under the terms and conditions set forth by signing each copy of this Notice and returning the original and _____ copies to the office of the president/director within fifteen (15) days after the date of this notice.

Date President/Director

THIS INFORMATION MUST BE COMPLETED BY THE EMPLOYEE BEFORE PAYROLL CHECKS WILL BE PROCESSED.

I accept the appointment as described above. I understand that this appointment is not approved until all signatures have been obtained.

I am ___/___ am not employed as a regular part-time or regular full-time employee at another state agency or institution.

In order to process a payroll check, federal regulations require disclosures of your retirement system(s). If none, please write in ANone@.

Retirement System

Employee Signature Date

___ Employment application ___ W-4 form ___ I-9 form (plus documentation)

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