Template2.b: Secondary Lecturer Appointment w/ Salary NU for Existing Faculty or Staff (updated December 2023)

* *New to position: Provost signature required.*
* *Rehire: Provost signature line not required.*

DATE

Name

## Address

# Address

Dear:

We are pleased to offer you the secondary appointment of Lecturer in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Vermont to (select one*:* co-teach OR teach) the course(s) listed below. This appointment is in addition to your primary appointment as \_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_.

* Appointment Term: Indicate:Academic Year 20xx-xy OR Fall XX OR Spring XY
* Dates of Instruction: ([click this link to look up dates by year](https://www.uvm.edu/sites/default/files/UVM-Faculty-Affairs/Faculty_Appointment_Letter_Dates_rev_09-12-18.pdf))

Fall Semester: list dates here (example 8/xx/xx to 12/xx/xx) or

Spring Semester: list dates here or

Academic Year: list dates here

*Other:* mm/dd/yyyy to mm/dd/yyyy

* Rate per Credit Hour:
* Total Salary for this Appointment: $
* Course Information:

*[The following information for each course must be listed.*]

Meeting Meeting Credit Include only if Co-taught

Course Name/Number Days Times Hours Term % of Course Co-Taught

Course Title CT 191 M/W/F 9:40-10:30a 3 FLxx include only if co-taught

Course Title CT 192 T / R 11:40-12:55p 3 SPxx

This appointment is temporary, and carries with it no expectation of reappointment.

In addition to the terms and conditions stated in this letter of appointment, faculty are subject to departmental, College and University policies.

**Include if fully remote upon hire:** The University agrees that commencing on your hire date, you may telework on a full-time basis from a non-UVM facility located in [City, State]. Please refer to Federal and State Labor Laws (<https://www.jjkeller.com/learn/SHRMPDF>) for further information regarding those applicable laws in the state you work in. If you wish to telework from a different location, you will need to submit a telework request and receive prior approval for a change in work location following the University’s telework policies and procedures.

The University of Vermont is an educationally purposeful community seeking to prepare students to be accountable leaders in a diverse and changing world. Members of the University of Vermont community embrace and advance the values of Our Common Ground (<https://www.uvm.edu/president/our-common-ground>).

Vermont state statute requires all US citizens in faculty positions at publicly-funded universities to subscribe to an oath to: support the US Constitution, the Vermont Constitution, and all state and federal laws. Your position may include formal and/or informal instructional responsibilities. If you are a US citizen, your signature on this appointment letter serves as your attestation to this oath.

If the terms and conditions described above are acceptable to you, please sign and date this letter in the space provided below and return the original, signed copy to the (Name) (Title) (Campus Address) University of Vermont (City) Vermont (Zip) (Email or Fax #).

Please select one of the following statements:

We look forward to hearing from you by DATE.  
  
We look forward to hearing from you within XX days of your receipt of this letter.

We look forward to hearing from you within XX days of your receipt of this letter, after which time this offer is no longer valid.

This offer expires XX days after the day of receipt. We look forward to hearing from you as soon as possible.

Sincerely,

**Remove Provost signature for rehire and reformat other signatures blocks on page.**

\_\_\_\_\_\_\_\_\_\_\_\_\_, Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Dean Patricia A. Prelock, PhD, CCC-SLP, BCS-CL

Dept. of \_\_\_\_\_\_\_\_\_\_\_ College of \_\_\_\_\_\_\_\_\_\_\_\_\_ Provost and Senior Vice President

Include this additional signature if the secondary appointment is outside the home department:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chair or Dean

Department of   
School of

Acceptance:

I accept the offer as outlined above.

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

Date Signature

*To help us process your timely payment, please return your signed appointment letter promptly.*