Template 3.d: Part-time Union – Emeritus (updated October 2019)

(For Emeriti faculty teaching any credit bearing course during the Fall or Spring Semester)

DATE

Name

## Address

# Address

Dear:

We are pleased to offer you a part-time faculty appointment of (Insert: Emeritus title) in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Vermont to (select one*:* co-teach OR teach) the course(s) listed below.

* Appt Term: Indicate: *academic year 20xx-xy, 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 or*

*Spring semester: list dates here or*

*Academic year: list dates here or*

*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 2 FLxx include only if co-taught

Course Title CT 192 T / R 11:40-12:55p 3 SPxx include only if co-taught

Include this language if relevant: In addition to teaching the above courses, you will be expected to perform the following duties: Please outline the duties and, if applicable related compensation.

Your University status renders you a member of a bargaining unit. You are represented by the United Academics ([www.unitedacademics.org](http://www.unitedacademics.org)) – Part-Time Union on matters affecting terms and conditions of employment and you are subject to the Agreement in effect between the University and United Academics. The Agreement may be viewed at: <https://www.uvm.edu/provost/university-manual-collective-bargaining-agreements-faculty-handbooks>. You are also subject to such departmental, college and university policies and procedures as may be issued from time to time.

The offering of this course is contingent on adequate enrollment. You will be notified in writing should the course be canceled in accordance with Article 14 of the Agreement.

If the terms and conditions described above are acceptable to you, please indicate your acceptance of this offer by signing and returning this appointment letter no less than 30 days before the start of the teaching assignment. Return to (Name) (Title) (Campus Address) University of Vermont (City) Vermont (Zip) (Email or Fax #). We look forward to hearing from you.

Sincerely,

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

Dept. of \_\_\_\_\_\_\_\_\_\_\_ College of \_\_\_\_\_\_\_\_\_\_\_\_\_

Please format this appt. letter such that the faculty member’s signature block is not the only item appearing on Page 2.

Acceptance: I accept the offer as outlined above:

Date Signature

*To help avoid a delay in your payment, please return your signed appointment letter promptly.*