

UNCOMPENSATED ADJUNCT FACULTY APPOINTMENT FORM

Department Name _____ Date _____

Candidate Name _____ Social Security # _____

Current Position _____

Current Address _____

Education _____

Curriculum Vitae on file in Dean's office? _____

Reason for appointment: _____

Term of appointment (maximum 2 academic years):

From _____ To _____

Recommendations for approval:

_____ Signature	_____ Date	Department Chair (pink copy)
_____ Signature	_____ Date	Academic Dean (yellow copy)
_____ Signature	_____ Date	Vice President (blue copy)

Personnel Office Use Only:

Letter of appointment sent _____ (date)

Letter of acceptance received _____ (date)

VP and Dean notified of appointment _____ (date)

VP and Dean notified of acceptance _____ (date)

D R A F T

LETTER OF APPOINTMENT FOR UNCOMPENSATED ADJUNCT FACULTY
(Non-ETSU Faculty/Administrator)

(Date)

XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX

Dear X:

Upon the recommendation of (name of dean), Dean of (name of college/school), and (name of VPAA), Vice President for Academic Affairs, I am pleased to offer you an appointment to the Adjunct Faculty of the Department of (name of department). Your appointment will be effective August 15, 19__ and will continue until August 14, 19__. Because of the special nature of this appointment, there will be no consideration for tenure or University fringe benefits, and since there is no financial consideration involved, no contract is included. A return letter from you accepting the appointment will be the only requirement for our records.

As an adjunct faculty member, you may purchase a faculty/staff parking decal and you will qualify for a library courtesy card.

We are pleased to have you as an adjunct faculty member; we know that the relationship will be most beneficial to the Department of (department). We appreciate your interest in ETSU and the support you are willing to give in our behalf.

Sincerely,

XXXXXXXXXXXXXXXXXX
President

XXX:xx

xc: VP
Dean X
Personnel

D R A F T

LETTER OF APPOINTMENT FOR UNCOMPENSATED ADJUNCT FACULTY
(Current ETSU Faculty/Administrator)

(Date)

XXXXXXXXXXXXXX
XXXXXXXXXXXXXX
XXXXXXXXXXXXXX

Dear X:

Upon the recommendation of (name of dean), Dean of (name of college/school), and (name of VPAA), Vice President for Academic Affairs, I am pleased to offer you an appointment to the Adjunct Faculty of the Department of (name of department). Your appointment will be effective August 15, 19__ and will continue until August 14, 19__. Because of the special nature of this appointment, there will be no consideration for tenure in that department or additional fringe benefits. A return letter from you accepting the appointment will be the only requirement for our records.

We are pleased that you are willing to share your knowledge and expertise with another unit in the University. This association should be most beneficial to the Department of (department).

Sincerely,

XXXXXXXXXXXXXXXXXX
President

XXX:xx

xc: VP
Dean X (School/College of Adjunct Appointment)
Dean X or Supervisor of Current Appointment
Personnel