**Template 2.c: Non-union, Part-time Clinical Appointment Letter** (updated July 2024)

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

DATE

Name

## Address

# Address

Dear

We are pleased to offer you a part-time faculty appointment of Clinical \_\_\_\_\_\_\_\_\_in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Vermont as specified in this letter.

* Appt Term: *(indicate Fall XX or Spring XY)*
* Dates: ([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

* FTE:
* Salary for this appointment: $

 (Optional language: Your workload for this appointment will include …)

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://app.jjkellerlaborlawposters.com/posters/eyJhbGciOiJIUzUxMiIsInR5cCI6IkpXVCJ9.eyJhY2NvdW50SWQiOiIyMDEwMTM2MzgiLCJjb250YWN0SWQiOiI2MDM0MTY4NDUiLCJpc3MiOiJub2Rlc2VydmVyIiwiaWF0IjoxNzE3MTczMzEzfQ.e5Z2F6NhOWSAh-FyB_6wUaq6PMvJ-W2QLjc2yw4NTWhAAt0Utigb14c5kT9_V7yBy5tSNu2TGDzHBtkQjsamjQ) 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.

Include this language if relevant: Prior to the start of your paid appointment you will be provided a University NetID which will afford you the ability to fully utilize the University Libraries and also obtain a University ID card (CatCard). Insert this additional statement if relevant: The CatCard is necessary should you be required to access designated University facilities to set up your laboratory. Access to University buildings must be coordinated in advance with (name, department, etc.). Insert this additional statement if relevant: The NetID will further allow you to access Brightspace and Banner-Student to begin preparing your courses.

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>).

This offer is contingent upon the completion of a successful background check. If the background check process reveals information about criminal charges or convictions that you failed to disclose on your application, UVM may immediately revoke this offer of employment, or, if you have already begun your employment with UVM, may terminate it immediately.

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 Insert if relevant along with the personnel information sheet(s) to (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

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