

Request/Authorization To Issue Employment Letter/Contact

Date_____

Name _____

Title _____

Address _____

Hire Date _____

Social Security Number _____

Department _____

Salary Account Number _____

Contract Provisions

Annual Salary _____

Contract Period:

12 Months _____

11 Months _____

Contact Type:

10 Months _____

_____ **Faculty** Full-Time _____ Adjunct _____

9 Months _____

Tenure Track _____ Highest Degree Earned _____

Other _____

Years Credit, IF any _____

If Less Than 12 Months:

Non-Tenure Track _____

Start _____

End _____

_____ **STAFF** Full-Time _____ Part-Time _____

Month

Month

TIAA: _____ Paid By The College Effective With Hire Date

_____ Required Two-Year Waiting Period

LIFE INSURANCE CONVERAGE AMOUNT: _____

OTHER SPECIAL CONTACT PROVENSIONS: _____

DATE THE STAFF POSITION WAS ADVERTISED ON CAMPUS: _____

COMMENTS ON SEARCH PROCESS: _____

REQUESTED BY: _____

DATE _____

Department Head

NOTED BY: _____

DATE _____

Council Member (in charge of this department)

NOTED BY: _____

DATE _____

Vice President for Finance

APPROVED BY: _____

DATE _____

Director of Human Resources

CONTRACT ISSUED: _____

BY: _____

Date

Name

September 2023