**[NON-PIO MEMBER PROFESSIONAL INSTRUCTOR APPOINTMENT LETTER (SALARIED)**

**Please delete title of this letter before printing it on letterhead.]**

Date

Name

Address

City, State ZIP

Dear Name:

We are pleased to offer you a part-time teaching appointment in the Choose an item.of **[INSERT NAME OF DEPARTMENT]**  for **[Semester/Session \_\_\_\_\_\_, 20\_\_]**. This assignment is scheduled to be for the period from **[see HR Workflow Forms Forum (http://wmich.edu/hr/workflownews) for required first day of appointment]** through **[see HR Workflow Forms Forum (http://wmich.edu/hr/workflownews) for required last day of appointment]**, including submission of student grades.

Paychecks will be issued semi-monthly beginning **[see Semi-monthly pay schedule here:** [**http://wmich.edu/payroll/**](http://wmich.edu/payroll/) **]** provided your signed appointment letter is received in this office no later than **[insert date here using Semi-monthly pay schedule as a guide],** and withholdings will be made in accordance with federal/state law, and University requirements.

**[IF APPLICABLE]** Because your assignment is at **[Battle Creek, or Grand Rapids, ]**, you are required to pay city income taxes. If you live in a city that does not have an income tax, but work in a city that does have an income tax, you will be taxed at the nonresident rate on your compensation earned in the taxing city. Pleas complete the required city W-4 form and return it to the WMU payroll department no later than **[INSERT DATE]**. If the city W-4 is not turned in by that date, we will withhold based on our best knowledge, as required by law. Information about this requirement can be found at: <http://www.wmich.edu/payroll/> in the section titled “Tax Information”.

For **[semester/session YEAR]**, your salary is $\_\_\_. **[Note: If you are adding in additional compensation for something such as a highly enrolled class, please unbundle the amounts and report the base pay, supplemental pay, and total pay for the course.]**

You will report to me. Your specific teaching assignment is as follows:

 Course # Course Name Credit hours

 Days of Week Time Room & building

Your duties include complying with these key dates in the University calendar:

 Date Day The class begins

**[List here all special dates, e.g., last day to drop without penalty, break periods, etc]**

 Date Day Finals Week

 Date Day Grades due by noon

Other duties include providing your class with a syllabus **[if advanced approval required, please indicate by who and when]**, personally teaching the course content described in the University catalog, meeting all classes on all assigned dates unless alternate arrangements are made with your department chair, conducting instructor and course evaluations using the university’s required electronic student course rating system, and complying with all applicable University policies and procedures. **[If you have additional and specific expectations, please state them in this paragraph.]**

I am available to work out details regarding course materials and facilities. Please contact **[NAME]** for keys, room access (some rooms have pin codes or ID cards must be swiped), parking permit, and other arrangements you may need. Unless specific arrangements with me are made to the contrary in advance, any keys provided to you for this appointment must be returned to **[NAME]** no later than [**DATE]**.

This offer of appointment is contingent upon adequate enrollment and funding, and is subject to change and/or revocation based on the University’s determination that there is inadequate enrollment or funding for this course. Compensation will be adjusted on a pro-rata basis if the appointment is terminated early.

Your first day of employment is **[insert date]**. The U.S. Department of Homeland Security requires all employees have a valid Form I-9 on file as proof of their authorization to work in the United States. If you have already completed a Form I-9 with the University, it is your responsibility to contact Human Resources if there is a change in your U.S. work authorization.

If you need to complete the Form I-9, you will receive an email from Human Resources with instructions. Section one of the Form I-9 must be completed on or before your first day of employment. Take your original, unexpired documents to Human Resources within three days of your first day of employment. Form I-9 list of acceptable documents can be found at <https://www.uscis.gov/i-9-central/acceptable-documents/acceptable-documents>.

**Please note that failure to maintain your U.S. work authorization will result in termination of your appointment.**

**Please note that the date by which you are required to provide I-9 documentation verification is prior to the first day of class or other assignment.**

**IMPORTANT: Insert the next two paragraphs if the department has not previously received verification of faculty credentials.**

Effective July 1, 2009, all instructional hires, as defined in the Verification of Faculty Credentials Policy, must provide an official transcript that verifies the highest earned degree from a regionally accredited institution or a final official transcript of a degree earned abroad evaluated for authenticity and comparability by the Haenicke Institute for Global Education. If you have not already done so, please arrange for an official transcript to be directly sent to this office no later than DATE **[INSERT REASONABLE DATE]**. Failure to provide an official transcript by this date may lead to revocation of this offer or the termination of this appointment.

Enclosed is a Recommendation for Appointment and Verification of Faculty Credentials (P-008) form. Please complete the top section of the form and return it to this office no later than DATE **[INSERT REASONABLE DATE]**.

Please note that you are not permitted to teach more than nine (9) credit hours per semester (or four (4) credit hours per summer session) at Western Michigan University. By signing below, you are representing that you have not accepted and will not accept other appointment[s] at the University that would raise your total credit hours to more than the nine (9) (or four (4)) allowed. You are also representing that you will inform me if you have accepted or will accept any other appointment at WMU, including other teaching or a graduate assistantship. Also, please note that if you concurrently have a graduate assistantship and teach as a part-time instructor at Western, you will have to pay FICA taxes on your graduate assistantship wages as will the department that granted your graduate assistantship.

**[ADD FOR NEW HIRE OR HIRE WITH A YEAR’S BREAK IN SERVICE]** In compliance with applicable law, you are being notified that Western Michigan University will conduct a background check of you as an applicant, including a criminal conviction history. Western Michigan University will comply with all applicable laws related to the use of information obtained through the background check. For purposes of background check, you are required to provide your date-of-birth and social security number on the attached Disclosure and Consent Form. *A Summary of Your Rights Under the Fair Credit Reporting Act* is included for your information. Please return your completed signed Disclosure and Consent Form directly to the Provost’s office: provost-budget@wmich.edu.

Please confirm your acceptance of this offer and terms by signing and returning the enclosed copy of this letter by **[DATE]**. Please feel free to contact me at **[phone number and/or email address]** if you have any questions. We look forward to having you with us and hope you have a successful experience at Western.

Sincerely, Accepted under terms and conditions outlined above.

[Name]

[Chair/Director] Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Department]

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C: Dean, [College]

 Office of the Provost

Enc: Recommendation for Appointment and Verification of Faculty Credentials form

City W-4 Form **[IF APPLICABLE]**

A Summary of Your Rights Under the Fair Credit Reporting Act **[IF APPLICABLE]**

Disclosure and Consent Form **[IF APPLICABLE]**