Letter of Appointment

Stipend - Temporary Faculty | Other Assignment

E111 1 1 E/	CAL NAME. I	act Name			First Name			Middle	Nama	CLUD	Number	
FULL LEGAL NAME: Last Name First Name								Middle	IName	טו טפן	Number	
College	/School:					Department/Program:						
Dates of	f <u>Service:</u>											
Start D	ate:			End Date:								
The comp	pensation to I	be paid to	the App	pointee by t	he University f	for the se	ervices rendere	ed will be: \$				
Describe	particulars re	egarding o	duties o	r services co	overed by this	agreem	ent:					
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This contr	act is subject t	o, and you	agree to	comply with	, the terms, con	ditions, p	olicies and proc	edures contair	ned in the Seattl	e Universi	ity Faculty Handbook ointment may be ter	
	vost at any tin				, .				,.			
Please not of 1986.	te that continu	ied employ	ment is	subject to me	eting appropria	ate autho	rization as requi	red by the U.S.	Immigration ar	nd Naturali	ization Reform Act	
					, , , , ,		appropriate Dea Please retain a c			out the w	ritten consent of bot	:h the
in multiple	e distributions	according	to the re	egular payme		the Unive	ersity. (See sched				Ongoing service will bages.) LOAs submitted	
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partment Chair/Program Director						Date	Dean/Senior Administrator Date					
pointee Da						Date	Office of Research/Sponsored Projects (employees paid on grants only) Date					
R OFFICIA	L USE ONLY											
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Budget #	Account Code	Salary	<u>%</u>	Datatel Type:					LOA Prepa			
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	50015			STPS	First Payment	Year	Last Payment	<u>Year</u>	Tel:			
Schedule:	 		-	Pav Dates:	•	+	 	 			1	

Faculty Services Notes:

CC: Payroll (06/11)