



BOISE STATE UNIVERSITY

LETTER OF APPOINTMENT

BOISE STATE UNIVERSITY • 1910 UNIVERSITY DRIVE • BOISE, IDAHO 83725

Name _____ Date _____

Address _____ BSU ID No. _____

City/State/Zip _____ Phone _____

You are appointed as an adjunct faculty member to teach for the Department of _____ during the (semester) _____ of (year) _____

Table with 8 columns: Course Number, Course Title, Section, Credit Hours, Days of the Week, Start Time, End Time, Room Location. Includes a Total Credits row.

Class Beginning Date: _____ Class Ending Date: _____ Appt Type: [] Full Semester [] Weekend(s) [] Other: #Days: _____ #Weeks _____

Other Information: _____

Step: _____ Step Rate: _____ Salary (Not Including Fringe Cost): _____

Instructors are required to hold their classes at the dates and times specified above. The Department reserves the right to cancel any class for which there is not sufficient enrollment.

Form Initiated By _____ Date _____ Account Number _____

Department Chair _____ Date _____ Dean of the College _____ Date _____

Dean of Extended Studies _____ Date _____ (Signature required only if using account numbers starting with "295")

To Employee:

- 1. This appointment is for an at-will employment position.
2. Employment as an adjunct faculty member is part-time and without fringe benefits.
3. All employees are subject to and must comply with the policies of Boise State University and the Idaho State Board of Education.
4. You must disclose to the hiring manager for this appointment information regarding any other appointments you will hold at Boise State during this term to allow assessment of work load commitment.
5. You must complete the I-9 form on or before the first day of employment.
6. Appointments will be contingent upon a background check per Boise State Policy #7005, for all new employees and those with more than a 12-month break in service.
7. Employees who intend to work outside of Idaho must receive special authorization from the University before starting work due to taxation codes, unemployment, workers compensation and other considerations.

Please acknowledge your acceptance of this appointment by signing this Letter of Appointment and returning it to the office of the Department Chairperson within five (5) days.

Employee Signature

Date