

McNeese State University
LETTER OF APPOINTMENT
Visiting Lecturers

NAME: _____
SOCIAL SECURITY: _____ HIGHEST DEGREE: _____
DEPARTMENT: _____ COLLEGE/DIVISION: _____
APPOINTED SEMESTER: _____ ACCOUNT: _____

This is to inform you that your appointment is for one semester only at the salary of \$_____.
As a part-time appointment, you are not eligible to receive employee benefits. Your responsibilities include performing necessary duties related to teaching/supervision in the following course(s):

Course Number	Section	Assigned Hours (per week)
_____	_____	_____
_____	_____	_____
_____	_____	_____

First-time appointment
 If not first-time appointment, indicate most recent appointment Year: _____ Semester: _____

By signing this document the appointee agrees to learn and comply with University, governing board, and NCAA policies and procedures and/or rules and regulations; meet assigned classes according to the University schedule; provide all students in the course a course syllabus compliant with University guidelines; keep attendance and report such as requested; post grades and submit required reports by the announced deadlines; maintain communication with the department head; and notify the department head or dean prior to the scheduled class if an emergency or illness prevents attendance for class instruction. Refer to the McNeese State University website (www.mcneese.edu/policy) for information regarding policies. This one-semester part-time appointment is pending completion of hiring procedures, background check, and receipt of official transcripts.

_____ Appointee Signature	_____ Date
_____ Department Head Signature	_____ Date
_____ Dean Signature	_____ Date
_____ Vice President of Academic Affairs Signature	_____ Date

NOTE: This form must be completed and submitted to the Vice President of Academic Affairs no later than the end of the first day of class each semester.