**ADJUNCT-CREDIT INSTRUCTION**

**FOR 9/10 MO FULL TIME FACULTY TEACHING INTERSESSION AND SUMMER**

Position Number J00004

<DATE>

Banner ID# V

<NAME>

<ADDRESS>

<ADDRESS>

Dear <NAME>:

I am very pleased to offer you a temporary faculty appointment at Virginia Commonwealth University (VCU). This instructional adjunct appointment is a part-time position with faculty rank of <RANK>, in the <DEPT>, <SCHOOL>. Your salary for this position will be <$SALARY> for the period beginning <EFFECTIVE DATE> through <END DATE>. Health care, life insurance, retirement and/or leave benefits are not provided with this appointment. This appointment is for the period indicated above and will terminate on <END DATE>.

**Course Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Code**  **(e.g. PHI)** | **Course & Section # (e.g. 104-003)** | **Course Title** | **Credits** | **Compensation** | **Dates of**  **Course** | **Time of Course (e.g. 2:00pm-3:15pm** |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |

The terms and conditions of your appointment are set forth in the enclosed***Virginia Commonwealth University* *Terms and Conditions of Employment-Adjunct Faculty Appointments****.* Since you have a full time position with VCU and are eligible for health care coverage, the “29 hour” restriction as noted in the *Terms and Conditions* document does not apply. The other provisions of the *Terms and Conditions* document are applicable.

VCU intends to offer the course(s) listed above during the designated period; however, VCU reserves the right to cancel this course(s) should it appear to be in the best interests of the University to do so. These reasons may include, but are not limited to, insufficient number of enrolled students and the necessity of assigning priority for teaching assignments to regular (non-adjunct) faculty.The cancellation of any of the courses listed above would preclude payment to the instructor for that course(s).

While class schedules are subject to change/modification by VCU based upon holiday schedules, remote instructional directives, and other announced cancellations, it is expected that you will teach the class(es) as scheduled and will not modify, change class schedules, or cancel classes or meetings without obtaining an appropriate substitute and without consultation with the department chair. If such an event arises, you are required to give prior notice to the department office. In addition, submission of student course evaluations is a condition of employment.

If you have any concerns or questions about your appointment, please contact <NAME OF CONTACT PERSON>, <TITLE OF CONTACT PERSON>, <SCHOOL or UNIT>. If this appointment is acceptable to you, please sign and return this Appointment Contract to <NAME>, <TITLE> at [\_\_\_\_\_\_\_\_\_@vcu.edu](mailto:_________@vcu.edu) (or by using the enclosed envelope). We look forward to hearing back from you within ten (10) days of your receiving this appointment contract.

I hope that your association with Virginia Commonwealth University is pleasant and rewarding.

Cordially,

DEAN’S NAME

Dean, <SCHOOL or UNIT>

**TO BE COMPLETED BY EMPLOYEE**

I agree to the terms and conditions of this contract and hereby accept this appointment.

By signing below, I agree to the terms and conditions of this contract, acknowledge I have read the attached *Terms and Conditions of Employment*, and hereby accept this appointment.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This offer is not valid unless signed.

Enclosure