

 **School/College:**

**PART-TIME STAFF - LETTER OF AGREEMENT**

Name: SU ID:

Address: Telephone:

For the period beginning and ending , you are appointed to part-time responsibilities at the rank of
 Lecturer in the School/College of in order to teach the following:

**Course No./Section Course Name Credit/Contact Hrs. Salary**

Fund: ; Org: ; Acct: ; Prog: ; Act: ; Index:

Fund: ; Org: ; Acct: ; Prog: ; Act: ; Index:

Fund: ; Org: ; Acct: ; Prog: ; Act: ; Index:

Your hourly rate is $\_\_\_\_\_\_\_per hour less authorized deductions, paid on the bi-weekly payroll for hours clocked in TimeClock Plus. This arrangement assumes an enrollment of \_\_\_\_\_\_ students in each course. If enrollment in a course is fewer than \_\_\_\_\_\_ students, Samford University reserves the right to cancel the class and the terms of this agreement.

This is a non-tenure track appointment and is subject to renewal at the mutual agreement of both parties. Unless negotiations are opened in the future regarding future teaching, this agreement will expire on the date indicated without further notification. Appointment for an additional period is at the discretion of the University. It is understood that all offers of employment are contingent upon the positive outcome of a background check.

It is understood that those employed by Samford University will advance its purpose and objectives, uphold its policies, maintain a cooperative spirit with associates within the academic community, dedicate all efforts to the broad interests of the University, and abide by all rules promulgated by the Board of Trustees. This appointment is subject to Samford University policies and applicable state and federal laws. The staff member has no right, express or implied, to act on behalf of Samford University except as described herein, and recognizes that failure to adhere to the rules, regulations and teaching requirements established by the University may result in the termination of this agreement by the University.

**Recommended by Samford University**

Dean Associate Provost

Date Date Payroll

Please sign and return one copy of this form to the Office of the Associate Provost, Samford University, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ keeping one original copy for your files. This letter constitutes the entire agreement between the parties for its term. **In signing this form, you agree to contact Human Resources to complete the necessary paperwork in order for the Payroll Office to pay the aforementioned payments to you.**

For Human Resources Use Only

**Accepted by**

Signature of Staff Member

Date