TBR Form F-8

TENNESSEE BOARD OF REGENTS OF THE STATE UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF TENNESSEE

Institution

NOTICE OF EMPLOYMENT OF ADJUNCT FACULTY

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to confirm your appointment as an adjunct faculty member in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (department/division or area of assignment) for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(semester/quarter) 20\_\_ to teach the following course(s): (list course by course number, name, and section number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at a salary of $ \_\_\_\_\_\_\_\_\_\_ per credit hour, effective \_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents, and the requirements and policies of this institution.
2. The above-stated salary is contingent upon your successful completion of service for the full term of this agreement. The salary will accrue and be payable as follows:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 In the event of failure to complete the specific terms of the appointment, salary will be prorated in accordance with the policies of the institution.

1. This appointment and the above-stated salary are in consideration of your performance of the duties and responsibilities assigned to you as an adjunct faculty member of this institution.
2. As an adjunct faculty member you are not eligible for employment benefits (for example retirement credit, annual or sick leave, holiday pay, or longevity credit.) Notwithstanding, social security will be deducted from your paycheck unless you are a member of a retirement system or are a rehired annuitant as specified in 26 CFR Part 31. Under federal law you may be eligible for health insurance benefits. If you are eligible you will be notified.
3. Finalization of the pending assignment will be subject to the course(s) sufficient enrollment and/or other administrative considerations. Should the class(es) not have a sufficient number of students register, this contract automatically becomes void. The institution also reserves the right to terminate this agreement and transfer the class(es) to a full- time faculty member.
4. This appointment does not include any assurance, obligation, or guarantee of subsequent employment.
5. Classes will begin on \_\_\_\_\_\_\_\_\_\_, 20\_\_, and will end on \_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_, including examinations. In the event you cannot meet the class(es) at any scheduled time, you must immediately contact your Department Head. Any absenteeism will be reflected in your rate of pay.
6. The class roll(s) will serve as the official record of attendance and catalog description(s) as the official record of contract hours taught.
7. This agreement may be terminated without advance notice.
8. You are required to notify the Office of Human Resources/Vice President for Academic Affairs should you become employed at another state agency/institution.
9. By acceptance of this appointment, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. I also agree to notify the Office of Personnel of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction.
10. Employment with [Institution] is contingent upon completion of the Form I-9 as required by law to certify work eligibility. The Form I-9 is required to be completed and signed on or before the first day of employment. The first day of employment is the first day of the semester. Failure to do so may result in termination of employment.
11. The method of payment at [Institution] is through direct deposit to a checking or savings account at a bank or credit union. I agree to provide the necessary account number(s) for deposit of my salary/wages.
12. Employment offers and continued employment are contingent upon receiving a satisfactory background report.
13. I agree to abide by all applicable laws, policies, procedures and guidelines, including but not limited to, the Family Education Rights and Privacy ACT (FERPA) and complete any and all appropriate training as determined by TBR or the Institution.
14. I agree to abide by the policies of the Tennessee Board of Regents and of this Institution regarding Intellectual Property, and hereby acknowledge my responsibilities under those policies to disclose and possibly assign (as required under policy) Intellectual Property developed by me, either solely or jointly with others, during the term of my employment, and to otherwise assist the Institution as required by policy in protecting rights it may have in that Intellectual Property.
15. It is a Class A misdemeanor to misrepresent academic credentials.
16. [OPTIONAL] The following special conditions shall govern this appointment. [INSERT HERE]

You must signify your acceptance of this appointment under the terms and conditions set forth by signing this Notice and returning the original to the Office of Human Resources within fifteen (15) days after the date of this notice.

I accept the appointment as described above. I understand that this appointment is not approved until all signatures have been obtained.

I am / am not employed as a regular part-time or regular full-time employee at another state agency or institution.

In order to process a payroll check, federal regulations require disclosures of your retirement system(s). If none, please write in None or N/A.

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Retirement System

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President/Director Date

[INSTITUTION] does not discriminate on the basis of race, color, religion, ethnic or national origin,

sex, disability, age, status as a covered veteran, or genetic information in its programs and

activities. The following person has been designated to handle inquiries regarding the

nondiscrimination policies: NAME, TITLE, ADDRESS, CONTACT INFO (phone and email) or via

this webpage: http://www. / . (If applicable).