

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

\_\_\_\_\_

(Institution)

NOTICE AND AGREEMENT OF EMPLOYMENT FOR GRADUATE ASSISTANT/GRADUATE INSTRUCTOR

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

This is to confirm your appointment to a position as a full-time/part-time Graduate Assistant/Graduate Instructor in the \_\_\_\_\_ (dept/division) for a period of \_\_\_\_\_ to begin on \_\_\_\_\_, 20\_\_\_\_ and end on \_\_\_\_\_, 20\_\_\_\_, at a salary of \$\_\_\_\_\_ per \_\_\_\_\_, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This appointment 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 completion of service for the full term specified above. The salary will accrue and be payable as follows:  
\_\_\_\_\_.
3. Your workload shall consist of twenty hours per week or the equivalent as defined in TBR Policy 5:02:05:00. Workload for half-time assistantships shall be prorated.
4. You are not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay or longevity credit).
5. This appointment does not include any assurance, obligation or guarantee of subsequent employment.
6. This agreement may be terminated without prior notice.
7. 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 policies. 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.
8. The following special conditions shall govern this appointment:
9. 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.

It is a Class A misdemeanor to misrepresent academic credentials

You must signify your acceptance of this appointment under the terms and conditions set forth by signing each copy of this Notice and returning the original and \_\_\_\_copies to the Office of the President within fifteen (15) days after the date of this Notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

Date of Contact 2/13/07

THIS INFORMATION MUST BE COMPLETED BY THE EMPLOYEE BEFORE PAYROLL CHECKS WILL BE PROCESSED.

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".

\_\_\_\_\_  
Retirement system

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date signed

Employment application \_\_\_\_ W-4 form \_\_\_\_ I-9 for (plus documentation)