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

Institution

NOTICE OF TEMPORARY EMPLOYMENT AND AGREEMENT FOR NON-FACULTY ADMINISTRATIVE/PROFESSIONAL AND CLERICAL/SUPPORT STAFF

TO: __________________________

____________________________

___________________________

This is to confirm your temporary appointment to a position approved by the Tennessee Board of Regents as ____________ in the ____________ (department/division or area of assignment) for a period beginning ________, 20___, and ending no later than ____________, 20___, at an hourly/monthly salary of $___________, 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 successful completion of service for the full term of this agreement. The salary will accrue and will be payable as follows: ____________________________ (pay cycle). 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.

3. This appointment and the above-stated salary are in consideration of your faithful performance to the best of your ability of the duties and responsibilities assigned to you as a temporary employee of this institution.

4. As a temporary employee, you are not eligible for employment benefits (retirement credit, state insurance plan, 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.

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 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.

8. You are required to notify the Director of Personnel/Vice President for Academic Affairs should you become employed at another state agency/institution.

9. The following special conditions shall govern this appointment:

10. 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/director within fifteen (15) days after the date of this notice.

__________________________________________________________
Date President/Director

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 form (plus documentation)

An Equal Opportunity/Affirmative Action Employer