



LETTER OF APPOINTMENT

Name _____ Boise State ID# _____

Address _____ Personal Email _____

City/State/Zip _____ Phone _____

You are appointed as an adjunct faculty member to teach for the Department of _____

during the (semester) _____ of (year) _____ HR Department ID# _____

Class Number	Course Title	Section	Credit Hours	Days of the Week	Start Time	End Time	Room Location

Total Credits _____ Beginning Date: _____ Ending Date: _____

Other Information: _____

Step: _____ Step Rate: _____ Salary (Not Including Fringe Cost): _____

Supervisor Name: _____ Supervisor ID# _____

Instructors are required to hold their classes at the dates and times specified above. The Department reserves the right to cancel any class for which there is not sufficient enrollment.

Fund	Department	Cost Center	Supplemental	Project	%

Form Initiated By _____ Date _____

Dean of the College _____ Date _____

Department Chair _____ Date _____

Dean of Extended Studies _____ Date _____
Signature required only if using Cost Center starting with "295"

To Employee:

1. This appointment is for an at-will employment position.
2. Employment as an adjunct faculty member is part-time and without fringe benefits. Limited salary continuation may be provided for eligible part-time faculty in the event of unforeseen personal illness or injury, in accordance with State Board of Education policy.
3. All employees are subject to and must comply with the policies of Boise State University and the Idaho State Board of Education.
4. You must disclose to the hiring manager for this appointment information regarding any other appointments you will hold at Boise State during this term to allow assessment of work load commitment and FLSA compliance.
5. You must complete the I-9 form on or before the first day of employment. Failure to comply with I-9 requirements voids employment eligibility. Please go to Human Resource Services, located in Capitol Village #3, to complete this form.
6. Appointments will be contingent upon a background check per Boise State Policy #7005, for all new employees and those with more than a 12-month break in service.
7. Employees who intend to work outside of Idaho must receive special authorization from the University before starting work due to taxation codes, unemployment, workers compensation and other considerations.

Please acknowledge your acceptance of this appointment by signing this Letter of Appointment and returning it to the office of the Department Chairperson within five (5) days.

Employee Signature _____

Date _____