Insert Date  
Insert First and Last Name

Insert Street Address

Insert City, State and ZIP Code

Dear Insert Name

On behalf of North Carolina State University and the College of Insert Name of College/School, I am very pleased to assign you to serve as the Interim Department Head of the Insert Department Namel in the College of Insert College Name effective Insert effective date.

Department Heads are considered Exempt from the State Human Resources Act (EHRA) non-faculty employees. Your administrative appointment as Interim Department Head is designated as your primary appointment for determination of your conditions of employment and your rights and responsibilities as an employee. This appointment carries a full-time (1.0 FTE) service obligation on a fiscal year (12-month) basis. This EHRA non-faculty appointment is “at-will” with continuation or discontinuation of the appointment at the discretion of the Chancellor. You will report directly to the Dean of the College of Enter College Name.

Your gross annualized salary as Interim Department Head will be $Insert fiscal year base salary. In addition, effective Insert effective date you will receive an interim annualized salary supplement of $Insert interim supplement amount to acknowledge your additional responsibilities during this appointment. Your compensation including the administrative supplement to $Insert total compensation (base + supplement(s)).

You are eligible to participate in the healthcare, retirement, and other benefit programs provided by the University to EHRA non-faculty employees. As an EHRA non-faculty employee, you are entitled to earn 24 days of annual leave (prorated for 9-month appointments). You are also entitled to accrue sick leave, and are eligible for other leave as may be prescribed for employees pursuant to the North Carolina Human Resources Act and NCSU POL 05.15.01 (EHRA Policy).

Employment in this position is contingent upon a satisfactory background check, verification of academic and professional credentials and your agreement to abide by the policies, regulations and rules of the University, as well as any funding contingency. You may be subject to additional health and safety requirements that have been imposed at or after the time of hire, including, where applicable, those issued by NC State, the UNC System, federal or state agencies, or other collaborating agencies or organizations, and which are necessary for the performance of your duties and responsibilities. You are expected to comply with all applicable requirements for your position.

Your secondary appointment will be as an Enter Rank in the Department of Enter Name of Department and is governed by the applicable policies, regulations and rules relating to a tenured faculty member at the University.

This interim appointment is made with the understanding that a national search maybe carried out for a Head of the Name of Department. The expectation is that you will continue to serve as Interim Department Head until a new Department Head has been appointed, or until you are otherwise notified that you are no longer needed to perform the additional duties and responsibilities in this role.

When this interim appointment terminates, you will return to assuming your full-time faculty responsibilities as a(n) Insert rank in the Insert Name of Department/School and the interim appointment supplement of $Insert interim supplement amount will be removed. Your benefits (I.e. healthcare, retirement, leave accruals, etc.) will be consistent with what is determined to be your active primary appointment. If you return to a 9-month faculty appointment, you will be paid out for any unused annual leave (and, if applicable, bonus and special leave).

To accept this assignment, please sign and date and provide a copy of this letter to Insert College HR Officer Name no later than Insert date.

Insert closing statement appropriate with this role.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Insert Dean Name

Dean, College of Insert College Name

I accept this assignment and agree to abide by the policies, regulations and rules of the University of North Carolina system and NC State as adopted and as may be periodically revised or amended.

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Dr. Insert Name Insert Date

cc: Insert Name, Executive Vice Chancellor and Provost

Insert Name, College HR Officer

Human Resources Information Management, Campus Box 7210