(Insert Date)

(Name)

(Address)

(City, State & Zip)

Dear (Insert Name):

On behalf of North Carolina State University and the Insert Department Name in the Insert College/Division Name, I am pleased to offer you employment in a Insert tenured or tenure-track. faculty position as Insert rank ( if applicable Working Title) at a gross annualized salary of $Insert Salary effective Insert Date through Insert End Date. This appointment carries a 1.0 full-time equivalent (FTE) service obligation on an Insert academic (9-month) year/fiscal year (12-month)basis. You will report directly to the department head in the insert dept/unit name.

SELECT THE APPROPRIATE LANGUAGE BASED ON THE [TENURE STATUS](https://rptonline.ncsu.edu/tenure-clock) - This position is a tenure-track position and there is an established time frame during which a decision to reappoint or confer tenure must be made.  Your reappointment decision will be made during the (Insert RPT Cycle) RPT Cycle, which is before the end of the third year of the initial term.  If re-appointed, your tenure decision is expected to be made during the (Insert RPT Cycle) RPT Cycle, which is before the end of the second year of the second term. Should you decide to pursue an early tenure decision or a tenure clock extension pursuant to university policy, your reappointment and/or tenure review dates may be adjusted accordingly.  For information regarding review timelines, see: <http://provost.ncsu.edu/promotion-tenure/> OR This appointment (with tenure) is subject to the approval of the NC State University Board of Trustees. We intend to present your credentials to the Board at the soonest opportunity, depending on Board meeting deadlines. An official letter from the Chancellor will notify you of the Board’s decision following the Board’s review.

REMOVE LANGUAGE IF NOT APPLICABLE - The Insert College/Division will provide moving expenses (i.e. house hunting, household moving and temporary housing expenses) for relocation to North Carolina, in the amount of $Insert amount. In accordance with IRS tax rules, relocation allowances are fully taxable to the employee and are subject to applicable payroll tax withholding. If you have questions regarding IRS tax rules related to your relocation allowance, please contact your own tax, legal and accounting advisers before signing this employment agreement. Please be advised that you will/will not be required to provide receipts for this lump sum relocation allowance in accordance with [NC State Policy 05.15.03- Non-Salary and Deferred Compensation](https://policies.ncsu.edu/policy/pol-05-15-03/). The University will not be responsible for relocation expenses that exceed the amount approved as part of this employment agreement. In addition, employees that separate (either voluntarily or involuntarily) from University employment prior to one year of completed employment may be required to fully reimburse the University at the gross amount of any allowance received.

A general description of the position was provided as part of the search process. Your work performance and responsibilities will be reviewed periodically, according to established University requirements. A faculty member’s annual responsibilities, activities and other expectations for the position are established through [Statements of Faculty Responsibilities](https://policies.ncsu.edu/regulation/reg-05-20-27/) (SFR) developed between the faculty member and the department head. You should work with your department head to create your SFR within the first six (6) months of your appointment.

REMOVE LANGUAGE IF NOT APPLICABLE - (Insert any specific departmental / college employment commitments here.)

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 originally adopted and may be periodically revised from time to time. REMOVE IF A 9-MONTH FACULTY APPOINTMENT - A faculty member with a 12-month appointment, and an FTE of at least 0.50 or greater, is considered in a leave earning position that is entitled to earn 24 days of annual leave (or prorated value based on FTE). 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).

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.

This letter and the attached Terms and Conditions of Employment constitute the full terms of your appointment and supersede all other offers, either written or verbal, that may have been made to you. Please sign two copies of this letter and sign the last page of the terms and conditions; keep one copy for your records and return the other to me.

Please acknowledge your acceptance of this appointment by signing this letter, and the incorporated Terms and Conditions, and returning it to me by Insert Date.

Should you have questions concerning this appointment, please let me or Insert name of HR Representative know as soon as possible.

Sincerely, Approved by:

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

Name, Department Head Name, Dean

I accept this appointment 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 from time to time. These policies are currently located at <https://www.northcarolina.edu/apps/policy/index.php#policy-tab> (UNC Code and Policy Manual) and <https://policies.ncsu.edu/> (NC State Policies, Regulations and Rules).

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

Printed Name Signature / Date

cc: Name, College/Division Business/HR Lead

 Human Resources Information Management, Campus Box 7210