Template: 9-month - Acting Instructor

(black font = required; blue font = as appropriate for your department)

<Date>

<Name>

<Address>

Dear Mr./Ms. <Name>:

On behalf of the Kapi‘olani Community College, <department/division>, I am pleased to formally offer you an appointment to Acting Instructor, 9 month, C2, position, #XXXXX, within the <department or program>, effective <date>. Your annual salary will be $XX,XXX ($X,XXX monthly)

This appointment is not tenure leading. Once appointed, you will need to develop an approved professional development plan that will enable you to satisfy the minimum qualifications within three years. If any extenuating circumstances exist, you must submit a request for an extension beyond the three years prior to the end of the current appointment. The extension should include the time period in which you intend to meet the minimum qualification requirements. If the extension is not granted and you have not met the minimum qualifications, you will be terminated at the end of the three year period.

Upon meeting the minimum qualifications, you are responsible for initiating the request and submitting the documentation that demonstrates that minimum qualifications have been met. Once you are converted to an Instructor, prior year(s) service as an Acting Instructor are not automatically creditable toward the probationary period. However, you may submit a request to shorten your probationary period in accordance with the collective bargaining agreement.

Your employment terms are governed by University policies and procedures, and applicable Federal and/or State laws, rules and regulations, and if appropriate, the collective bargaining agreement between the exclusive representative and the University. Additional terms of employment are also attached.

This letter and its attachment represent the University’s complete offer to you and contain all of the material terms relating to your appointment, subject to completion of a satisfactory background check, employment eligibility documentation and verification, TB clearance, and submittal of official transcripts. If these terms are agreeable to you, please indicate your formal acceptance of this offer and your permission to conduct a background check by doing the following:

1. Circle “accept.”
2. Sign and date your acknowledgement.
3. Return this letter to [<name>,] office or via e-mail to me [

<name>,] at <XXX@hawaii.edu > no later than <MM DD, YEAR>.

Our Department Secretary [or other designated person,] will contact you regarding your employment forms and benefits. Should you have any questions regarding your pay and/or benefits, please feel free to contact him/her [or <name>,] at <phone number> or <XXX@hawaii.edu>.

We look forward to your employment with us and fulfilling the mission of Kapi‘olani Community College, [department as appropriate] and the University of Hawai‘i.

Sincerely,

Louise Pagotto

Chancellor

I accept/decline the terms of this appointment:

Signature:

<Name> Date

c: Human Resources Office

 UPHA