Template: Lecturer with Year-Long Appointments

(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, <college/school>, I am pleased to formally offer you a one year appointment as a lecturer in the <department or program>. Subject to adequate enrollment, funding, and/or operational considerations, you will be assigned a minimum of 8 credit hours/TE for the <fall/spring> semester. You will be notified of future course assignments at a later date. Please note that this offer is by exception as you do not meet the minimum requirements of the Lecturer position in the <department or program>. In cases where there are no lecturer applicants who meet the minimum qualifications, the College is able to select the best candidate among the under-qualified and offer a semester-long appointment by exception.

Your appointment period will begin on <date> and will terminate on <date>, unless extended in writing. Please be advised that the University reserves the right to reduce the number of courses you have been assigned to teach or terminate your appointment prior to its expiration because of low enrollment, lack of funding, or poor performance. In accordance with the lecturer fee schedule, you will be compensated at Step <X>, which is $X,XXX per credit hour of instruction or equivalent.

This is a temporary, non-tenure track appointment. Your employment terms and benefits, including enrollment in the Hawai‘i Employer-Union Health Benefits Trust Fund (EUTF) and Employees’ Retirement System, are governed by University policies and procedures, applicable Federal and/or State laws, rules and regulations, and if appropriate, the collective bargaining agreement between the exclusive representative and the University. Lecturers with <year-long or multi-year> appointments will be placed on leave without pay from June 1, 20xx through August 31, 20xx and, therefore, will not be contributing toward the retirement plan or medical insurance premiums. You may continue your health insurance coverage by making premium payments directly to the EUTF and mailing the payments to EUTF, P.O. Box 2121, Honolulu, Hawaiʻi 96805-2121.

You will be required to complete training directed by your Dean/Director by specified deadlines [or “by <date(s)>”, as appropriate] including, but not limited to, Title IX/Sex Discrimination, Workplace Nonviolence, and specific training for your discipline or work area [or <list of trainings>, as appropriate].

This letter represents the University’s complete offer to you, contingent upon the ability to offer courses, and contains all of the material terms relating to your appointment, subject to final approval and 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>, as appropriate] office or via e-mail to me [or

<name>, as appropriate] at [<XXX@h](mailto:XXX@hawaii.edu)a[waii.edu](mailto:XXX@hawaii.edu) > no later than <MM DD, YEAR>.

Our Department Secretary [or other designated person, as appropriate] 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, as appropriate] at <phone number> or [<XXX@hawaii.edu>.](mailto: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 <or for continuing appt. Name as appropriate>

Chancellor <or for continuing appt. Dean of XXX as appropriate>

I accept/decline the terms of this appointment:

Signature:

<Name> Date

c: Human Resources Office

UHPA