OFFICE OF THE DEAN 

**Non Tenure-Track Faculty Offer Letter Template**

Departments must consult the Dean of Faculties website (<http://dof.tamu.edu>) for the latest procedures, updates of required documents, and required language. This is the suggested language for all faculty offers in the College of Liberal Arts. The head has the option to include additional relevant information as necessary with review by the Office of the Dean.

The headings below are for structure only and should not be used in your offer letter. Please make sure that there is at least one paragraph of text on page with the signatures.

**Template for faculty offers to NonTenure-track faculty**

I am pleased to confirm in writing our formal offer of employment as a [visiting, lecturer, senior lecturer, instructional, etc.] position in the Department of XXX, at Texas A&M University (TAMU) effective September 1, 201X through May 31, 201X. This is a full-time nine-month appointment at a salary of $xx,xxx ($x,xxx/mo.) This is a non-tenure acquiring position. [If not a full-time position then enter the percentage of FTE] [If a multi-year appointment include: This position is renewable for up to XX years depending upon your continued satisfactory performance, the existence of continued funding for the position, and the needs of the department. It is understood and agreed that renewal of this position will be assessed by the department at the end of each academic year. ]

Your duties for the position will include [describe in detail the duties of the position - teaching and teaching load, and any additional responsibilities assigned to the faculty member such as research and service.] You will be expected to [relate in detail all expectations of the position.]

An annual performance review is conducted for all faculty members [describe the performance review process and procedure.]

General benefits information, insurance, and retirement information can be found under the Benefits tab at the TAMU Human Resources website: <http://employees.tamu.edu/>. New employees are eligible to enroll in health and basic life insurance coverage on the first day of employment. By state law, however, the State Group Insurance Premium (SGIP) portion of the monthly premium will not begin until the first month after your 60th day of employment. If you have any questions about the benefit package please feel free to contact me.

Upon acceptance of this offer, your employment will require further and final administrative approval. This offer is contingent upon your ability to provide employment eligibility documentation to work in the United States as required by federal law. In addition, the approval of this offer is also contingent upon the successful completion of the degree verification and criminal background check processes, and your compliance with the Selective Service law if applicable to you. In order to help expedite the administrative approval, [place hiring coordinator’s name here] will email the Degree Verification form to you. Please complete, sign and return this form to [place hiring coordinator’s name here] upon acceptance of this offer. For all degree(s), please proceed with requesting the official transcript from the institution and request that they are mailed in a sealed envelope directly to the Dean of Faculties, Texas A&M University, 1126 TAMU, College Station, Texas, 77843-1126. Instructions for the criminal background check are attached explaining how this process will be conducted. This offer will not become final until the degree verification and criminal background check have been successfully verified and cleared by the Dean of Faculties Office.

Thank you very much for considering this position in the College of Liberal Arts and the Department of XXX. I am impressed by you and your accomplishments and I believe that you have much to offer. I hope that you will accept this offer and I would appreciate a decision from you by [date]. If you have any questions, please do not hesitate to contact me at [head email] or 979-phone or [list an associate head or staff member that will provide information and guidance [name, email and phone].

If you accept this appointment as described herein, please indicate by signing below.  Retain a copy and return the original to my attention.

Sincerely,

Name

Head, Department of XXX

Accepted:

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Name Date

CLLA Review: \_\_\_\_\_\_\_\_\_\_