**T-TT-Faculty Summer Appointment Letter-Current Faculty-Part-Time**

**Date**

**Name**

**Address**

**City, State, Zip Code**

Via email: **EMAIL ADDRESS**

Dear **Name**:

I am pleased to offer you a summer appointment at the University of Texas at Arlington (UTA) as **Title.** You will be assigned to the Department of **Department Name** and your duties and schedule will be determined by the Chair of the Department.

All faculty, administrators, and staff are subject to the relevant provisions of the [Rules and Regulations of the Board of Regents](https://www.utsystem.edu/offices/board-of-regents/regents-rules-and-regulations) and the [Handbook of Operating Procedures](https://secure.compliancebridge.com/utaprod/utaportal/index.php?fuseaction=app.main) of The University of Texas at Arlington and to applicable state and federal laws.

*1. Instructional Term (4.5 month Term Rate)*

Your appointment for the Summer **Term Year** term will be effective from **Start Date** through **End Date**. Thisappointment provides a salary of **$Term Rate** for this time period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. This appointment is for the indicated period only. Should you be renewed for this position, a renewal appointment letter will be issued to you.

*2. Instructional Term (4.5 month Class Rate)*

Your appointment for the Summer **Term Year** term will be effective from **Start Date** through **End Date**. This appointment provides a salary of **$Class Rate** for this time period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. This appointment is for the indicated period only. Should you be renewed for this position, a renewal appointment letter will be issued to you.

You have been assigned to teach **XXXXXX-XXX**.  This offer is contingent on the minimum enrollment requirements set by the University and upon the availability of funds.  If for some reason, your course(s) does not meet minimum enrollment, this offer is no longer valid.

Please indicate your acceptance or declination of this offer by signing in the space indicated below and returning via email to **Name** at **Email Address** on or before **DATE** so that we may forward your appointment for the review and approval process.

If you have any questions, please call me.

Sincerely,

**Name of Dean or Department Chair**
**Dean** or **Department Chair**, **Name of College or School**

xc:       Academic Personnel Office (academicpersonnel@uta.edu)

**Name of Dean** or **Department Chair**, **Dean or Chair**, **College or School** (THIS SHOULD BE THE OPPOSITE OF THE PERSON WHO SIGNED ABOVE)

I accept this offer of appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Faculty Name**                                                  Date

I decline this offer of appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Faculty Name**                                                      Date