

DATE: December 1, 2010

TO: «First_Name» «Last»
«Address_1»
«City», «State» «Postal»

FROM: James L.J. Houpis, Provost and Vice President
Academic Affairs

SUBJECT: Part-Time Teaching Associate Appointment

On the recommendation of the Department of «DeptID» and on behalf of the president, I am pleased to offer you a temporary appointment as a Teaching Associate at California State University, East Bay. The specific terms and conditions of this appointment are as follows:

Start Date:	«Eff_Date»	End Date:	«End_Date»
Time Base:	«Decimal»	WTU:	«Total_WTU»
Fraction:	«Fraction»	Monthly Salary:	\$«Monthly_Rt»

The International Union, United Automobile, Aerospace and Agricultural implement Workers of America (“UAW”), AFL-CIO, Local No. 4123, is the sole and exclusive representative of the Teaching Associates Classification, Classification Code Nos. 2353 and 2354, at the California State Universities. The CSU/UAW Agreement can be found at http://www.calstate.edu/LaborRel/Contracts_HTML/CBA_Contract/Unit_11_Contract-First_Draft_062405.pdf.

This offer is contingent upon verification of your employment eligibility. Pursuant to the provisions of the Immigration Reform and Control Act of 1986, before every prospective employee can begin work, section 1 of form I-9 must be completed by the employee no later than the date on which his/her employment begins. If you have any questions or anticipate any difficulty in providing documents, please contact your college Dean’s office or Human Resources. If you have not yet completed the forms required for CSUEB, please do so by going to the Payroll Office, SA 2600, before beginning your assignment. You are required to complete other appointment documents in the Office of Human Resources, SA 2600, before your appointment will be finalized and your first paycheck issued. A schedule of payments for Teaching Associates is enclosed. Questions about payment scheduled should be addressed to the Payroll Office.

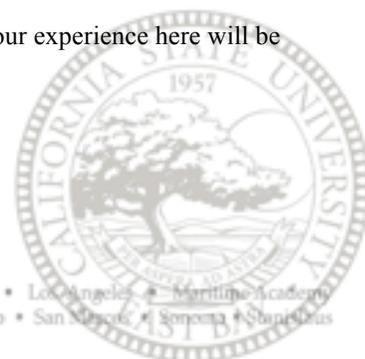
If the position is no longer available due to funding or enrollment, CSUEB will ensure placement in an appointment at the same level of compensation for the term set forth herein or will pay the same compensation in lieu of the position for the term set forth herein. CSUEB may reassign the appointment to another position with the same compensation due to operational needs, including the quality of its instructional and research activities, upon written notice. Work for this position shall be performed at «University». For specific questions regarding the appointment, contact your supervisor, «Dept_Chair», Department of «DeptID», at «Chair_Phone_».

This tentative appointment expires on «End_Date», and does not establish a basis for subsequent appointments or appointment rights. No other notice of expiration of the appointment shall be provided.

As a condition of employment, you must remain academically eligible. If you become academically ineligible, you may be removed without pay from the appointment within the first five (5) weeks of an academic term. If you regain eligibility, CSUEB shall determine at its sole discretion whether or not to reinstate you.

We greatly appreciate the contributions of our Teaching Associates to our University and hope your experience here will be stimulating and rewarding.

Enclosures
cc: College Dean
Department Chair/Head
Office of Human Resources



DATE: December 1, 2010

TO: «First_Name» «Last»
«Address_1»
«City», «State» «Postal»

Re: Part-Time Teaching Associate Appointment for «First_Name» «Last» in the Department of «DeptID»

Start Date:	«Eff_Date»	End Date:	«End_Date»
Time Base:	«Decimal»	WTU:	«Total_WTU»
Fraction:	«Fraction»	Monthly Salary:	\$«Monthly_Rt»

I accept this offer of employment as stated above and in accordance with the conditions as set forth in this letter.

- In addition, I certify that:
- I am not employed in any other capacity at CSUEB or any other CSU campus.
 - I am a retired annuitant of CalPERS.
 - I am employed for ____ units in the _____ Department at CSUEB or the _____ campus in the CSU system.
 - I am also employed _____ % as a staff member in the _____ Department at CSUEB.
 - I am also employed _____ % through Grant/Contract through _____.

Please sign, date and return this form to «DeptID». You have fourteen (14) days from date of receipt of this letter to accept the appointment.

Signature _____
«First_Name» «Last»

_____ Date

