**USE FOR EMPLOYEES EXCLUDED FROM THE UNION OF PART-TIME FACULTY**

Date

Name

Address

Dear \_\_\_\_\_\_

We are pleased to offer you a [part-time faculty/instructional assistant/additional service assignment, use only appropriate classification] from \_\_\_\_\_ through \_\_\_\_\_

**[Use contract dates, not assignment dates]**. These are the Start Date and End Date of your offer. The terms of this agreement may not be modified or altered by any oral statements or representations. The agreement may be modified only in writing, signed by an authorized University official.

The rate of compensation for this assignment will be $ \_\_\_\_ for the period indicated or $\_\_\_\_/hour if you are a part-time faculty or instructional assistant paid by the hour. Continuation of employment and continuation of compensation is dependent on completing the assignment in accordance with applicable University rules.

**(Use only for teaching assignments or if otherwise appropriate):** Should a full-time faculty member need to teach this course to complete his/her load requirements, this offer shall be void**.**

This offer is contingent upon enrollment that is sufficient to allow the course to be offered as determined by Wayne State University or, in the case of non-teaching assignments, upon the need for other approved academic activity. You should be aware that the University reserves the right to change the method of course delivery under exigent circumstances.

You will be responsible for the following:

Course Number and Name/

Research Assignment [specify type]:

 Section Number:

 Time/Day/Location:

This offer is contingent upon the completion of a satisfactory background check that is required by University policy for this position, including, but not limited to, a criminal background check. If the University determines that your background check results are unsatisfactory, this offer shall be revoked.

Wayne State University requires all students, faculty and staff to be fully vaccinated against COVID-19 with limited exceptions. Learn more at: <https://wayne.edu/coronavirus>. Vaccine verifications can be uploaded using the following link: <https://go.wayne.edu/vaccine-verification>. If you require a medical or religious exemption to the vaccine mandate, please complete and follow the instructions in the following form: <https://wayne.edu/coronavirus/covid-vaccine-declination-form.pdf>.

In compliance with the Clery Act, the University publishes its Security and Fire Safety Report annually.  This document is posted on the Wayne State University Police Department website, [www.police.wayne.edu/](http://www.police.wayne.edu/), on the Dean of Students Office website,  [www.doso.wayne.edu/](http://www.doso.wayne.edu/), and on the Office of the General Counsel website, [www.generalcounsel.wayne.edu/](http://www.generalcounsel.wayne.edu/).  The report can be downloaded from any of these three sites, and it provides an overview of Wayne State's public safety resources, policies and procedures.  This report also provides information on how you can prevent crime and increase your safety and security on campus. Please take a few moments to read it carefully.

**[Use for additional service assignments, excluding nine-month employees holding summer assignments]:**

Part-time faculty who also hold salaried University assignments (full-time faculty, full-time academic staff) may not hold an overload assignment of more than .25 FTE. This (.25 FTE) means that the calculated salary for the part-time assignment cannot be greater than 25% of your regular salary for the same assignment period, e.g., a semester.

**[Use only for 9-month faculty or academic staff assigned in the summer]:**

A member of the faculty or academic staff holding a University year, i.e., nine-month appointment and also carrying an additional service assignment as instructional assistant/part-time faculty during the Summer is limited to one-third of the employee’s nine-month salary. In addition, a nine-month faculty or academic staff member is normally limited to .50 FTE for the summer assignment. However, if engaged in research and employed on research funds, said employee may work up to 1.0 FTE.

**[Use only for non-citizens]:**

**WORK AUTHORIZATION REQUEST (WAR) PROCESS: IMPORTANT INFORMATION ABOUT EMPLOYMENT ELIGIBILITY REQUIREMENTS FOR FOREIGN NATIONALS ON NON-IMMIGRATION VISAS**

To be eligible to work in the United States, all Foreign Nationals on a non-immigrant visa must receive a Work Authorization Request (WAR) approval from the University’s Office of International Students and Scholars (OISS) before starting their assignment. Employees must also receive approval when changes are being made to a current assignment, and/or for any future assignments.

**It is illegal to work at Wayne State before the Work Authorization Request process is completed.**

Work authorizations/re-authorizations will be requested by your Hiring Department through the WAR Portal. Your Hiring Department will receive email confirmation of the WAR approval.

***Note: Your Start Date will be either the first day of the term of your assignment or the effective date of the approval of your WAR, whichever is later.***

**I-9 Process for Foreign Nationals Who Have a Social Security Number**

After your WAR has been approved, you must follow the I-9 process in the section below.

**I-9 Process for Foreign Nationals Who Do Not Have a Social Security Number**

You must promptly apply for a Social Security Number. When you obtain your Social Security Card, you are required to *meet in person* with a WSU Human Resources representative to begin the process of completing the I-9 process. You will be contacted to schedule this meeting in advance of your Start Date.

**[Use for all employees – EXCEPT for a US citizen (or permanent resident) who is also a current WSU employee]:**

**FORM** **I-9 PROCESS: IMPORTANT INFORMATION ABOUT EMPLOYMENT ELIGIBILITY VERIFICATION REQUIREMENTS**

U.S. Federal law requires all employees to provide their employer satisfactory evidence of their identity and eligibility to be employed in the United States by completing a Form I-9.

You will be contacted by Human Resources to complete a Form I-9 if you are:

(i.) Newly hired at the University or,

(ii.) You were rehired after a break in service of greater than one year since the End Date of your last assignment and the Start Date of your next assignment ***and***the most recent Form I-9 you completed is more than 3 years old upon the Start Date of your next assignment.

 For example, a re-hired employee completed her most recent I-9 on August 18, 2014. The End Date of her last assignment ended on December 20, 2016 and the Start Date of her new assignment begins on January 8, 2018.

 She must complete a new I-9 because she had a break in service of more than one year ***and*** her I-9 on file with the University was completed more than three years before the start date of her next assignment.

Form I-9 consists of two sections:

(i.) Section 1 must be completed by the employee online or in person before their Start Date.

(ii.) **Section 2 must be completed by the employer in the presence of the
 employee within 3 business days of the employee’s Start Date.**

**These deadlines are established by U.S. Federal law. The University expects all employees to comply with these deadlines.**

If you would like more information about Form I-9 requirements, please visit the WSU Human Resources website at <https://hr.wayne.edu/clientservices/current/i-9>.

We anticipate your affirmative response to this offer. If you accept this assignment, please sign and return this letter and such personnel/tax forms as may have been enclosed (if any) and return to \_\_\_\_\_\_ as soon as possible but no later than \_\_\_\_\_\_.

We look forward to your inclusion in our community of faculty and staff. Thank you for your willingness to join us.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Signatory

I accept the terms and conditions of this offer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) Candidate Date

I hereby certify that I have not exceeded the limitations regarding the half-time service or overload assignments set forth in the body of this letter OR that as of the date that this letter was signed I have already received verification that a waiver to this policy has been obtained. I understand that if I work without proof that the exception to the policy has been authorized by the Provost or his designee; the assignment may be disallowed and I may not be paid.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) Candidate