

Date _____

Dear _____:

I am pleased to offer you a time-limited position as Lecturer in the Department of _____ at Mississippi State University, beginning on August 16, 20__ (Fall semester) or January 1, 20__ (Spring semester) and ending on December 31, ____ (Fall semester) or May 15, 20__.(Spring semester) The annual salary for this nine-month, non-tenure track position is \$_____ payable in semi-monthly installments over a nine or twelve month period. **(As an option, you may also list the per course salary amount if you prefer or the total amount to be paid for one semester.)**

The faculty workload consists of the teaching equivalent of twelve credit hours per semester. Your teaching responsibilities will be four classes in both the fall and spring semester. **(This represents a full-time teaching load – adapt for part-time load!)**

This offer is contingent upon approval by the Vice President for Academic Affairs. As an employee, you will be required to comply with the laws of the State of Mississippi, policies of the Board of Trustees of State Institutions of Higher Learning and University policies. This offer is also contingent upon your being a United States citizen or having lawful authorization to work in the United States. This offer will be withdrawn if you are not authorized to work at Mississippi State University by the beginning date indicated above. This letter of offer is not a contract or an offer of a contract.

It is my sincere hope that you will accept this offer to join our faculty. Please notify us of your acceptance or rejection of this offer by _____. Should you decide to accept this offer, please return a signed copy of this letter to me by the above date. In addition to your acceptance, please see the attached list of required documents that must be completed prior to your employment at Mississippi State University.

Sincerely,

Name
Department Head

Date _____

Dr./Mr./Ms. _____

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Approved:

Dean/Director, College/Division of _____

Date

Provost and Vice President for Academic Affairs

Date

Offer Accepted:

(If funding for this position is through a grant or contract, add:

I agree to allow the sponsoring agency access to my employment records as it is relevant to the review or audit of the project).

I am or am not actively contributing to the Public Employees' Retirement System of Mississippi with another agency/institution at this time (check one).

Name

Date

c: Department of Human Resources Management

Date _____

Dr./Mr./Ms. _____

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Employment Information

The below documents and completed employment forms must be submitted to your department head prior to the first day of your employment.

1. Official transcripts of all college work.
2. Completed state and federal tax forms (see enclosures).
3. An I-9 form with appropriate identification must be completed no later than three days after your initial employment date.
4. Two letters of recommendation.
5. An enhanced orientation to MSU employee benefits and services is now available at <http://www.hrm.msstate.edu/OnlineOrientation.htm> that allows newly-hired MSU employees to complete their new employee orientation online.

Health Insurance Information

New employees enrolling in the State of Mississippi Health Insurance and certain other benefits must complete enrollment forms within their first 31 days of employment to ensure coverage effective with their date of hire.

Please contact Judy Spencer with Human Resources Management at (662) 325- 3713 with a date when you will be available for completion of the necessary health insurance paperwork for new employees. An orientation session will then be arranged. Failure to enroll in the health insurance plan in the first 31 days of employment will delay coverage for a substantial number of months.