



UNIVERSITY OF MASSACHUSETTS BOSTON

OFFER AND ACCEPTANCE FOR HIRE, REHIRE OR REAPPOINTMENT

EMPLOYMENT CLASSIFICATION: Faculty (Academic Year)

WORKFORCE DATA

First Name	Middle Name	Last Name	Effective Date	Expected End Date
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POSITION DATA

Department Name		Position Title	Annual Salary
<input type="checkbox"/> Benefited	<input type="checkbox"/> Non-Benefited	Business Title	FTE

Credit Toward Tenure
years

Tenure Decision Year – Academic Year

Other Commitments and Contingencies

* **Contingent Appointment Only**

Provided the appointee has completed the requirements for the _____ degree by _____. Otherwise, the appointment shall be to the position of _____ for the period of _____ to _____ at a bi-weekly salary of _____ and an annual salary of _____.

RECOMMENDED OR APPROVED BY:

Department Head/Chair: _____ Date: ___/___/___

Dean/Director: _____ Date: ___/___/___

Vice Chancellor: _____ Date: ___/___/___

Chancellor/President
(If applicable): _____ Date: ___/___/___

This offer, consisting of the terms stated on this form, constitutes the entire agreement between the University and the appointee. Please indicate your acceptance of this offer by signing the Offer and Acceptance Form and returning it to the Dean or Department Head who initiated the offer. You should retain the employee copy for your records. In addition, the appointee understands that:

All appointments to the University are contingent upon availability of funds. All members of the professional staff and faculty of the University are employed pursuant to and subject to the policies, rules and regulations adopted by the Board of Trustees of the University as amended, revised, or repealed from time to time, under the provisions of Chapter 75 of the General Laws, as amended or revised from time to time. Duties may be assigned to the professional staff or faculty in resident instruction, research, extension teaching, and/or other programs of the University as required to promote the objectives of the University.

ACCEPTED: _____ Date: ___/___/___
Appointee's Signature

Contact Person:

Phone:

E-Mail:

Date: