

Dr. or Ms. / Mr. **FIRST NAME LAST NAME**
Department _____
Department Address _____**DATE**Dear Dr./Ms/Mr. **LASTNAME**:

On behalf of the Board of Governors, I am pleased to offer you a formal appointment to the academic staff of the University of Alberta in accordance with the terms set forth below. Should you accept this offer, your employment will be governed by the Collective Agreement for **Contract Academic Staff: Teaching** a copy of which can be found at www.hrs.ualberta.ca/Agreements/Academic.aspx . The Agreement may be amended in accordance with its terms and such amendments are binding upon you. A printed copy of the Agreement will be provided on request.

The specific terms of the appointment offer are:

- a. Position: **Contract Instructor**
- b. Department: **Department Name**
Faculty: **Education**
- c. Period of appointment from: **January 1, 2012 – April 30, 2012**
- d. Full-Time/Part-Time: **Part-Time (Indicate FTE)**
- e. Salary: **\$per period /**
- f. Special conditions, if any: **SALARY STEP, COURSES BEING TAUGHT, IF IT'S FULL-TIME, INDICATE IN WHICH TERM THE COURSES ARE BEING TAUGHT**
- g. You are eligible for a removal grant of **\$(n/a or other)** in accordance with Section 6.06 and Appendix C of the Agreement.

The return of one signed original copy of this letter to the undersigned will constitute your acceptance of this offer of appointment on the terms hereof.

All personal information collected by the University of Alberta for the purpose of employment shall be collected under the authority of Section 33c of the Alberta Freedom of Information and Protection of Privacy Act (FOIPP) and will be protected under Part 2 of that Act. Certain information will be made available to federal and provincial departments and agencies under appropriate legislative authority. For further information regarding the collection and use of the personal information, contact Human Resource Services, 2-60 University Terrace, University of Alberta. Phone: 492-4555.

THIS FORM CONSTITUTES THE ENTIRE CONTRACT OF APPOINTMENT BETWEEN THE APPOINTEE AND THE UNIVERSITY AND NO OTHER WRITTEN OR ORAL CONDITION, QUALIFICATION OR AGREEMENT EXISTS OR IS INCLUDED HEREIN BY REFERENCE HERETO EXCEPT AS HEREINBEFORE SET FORTH.

Yours sincerely,

Name of Dept. Chair
Chair

Received by University

ACCEPTANCE

I hereby acknowledge receipt of the original hereof and accept the appointment referred to and the terms and conditions set forth.

Date at _____
(city)This _____ day of _____, _____
(day) (month) (year)_____
Signature