**CHASS HR Services**

**Offer Letter Request for Professional Track Faculty New Hires and Rehires**

This is only for Fall, Spring, or Academic Year new hires and rehires that are not included on the Professional Track Google Doc.

The information below will be used to create an offer letter.

You will need to complete all information and upload required documents to avoid delays.

|  |
| --- |
| **Employee Hire Information** the name provided must be the actual legal name, spelled and formatted correctly for background check purposes. |
| Type of Hire | Choose an item |
| Legal First Name  | Enter first name |
| Legal Middle Name  | Enter middle name |
| Legal Last Name | Enter last name |
| Salutation Name  | Enter name to follow the Word “Dear” |
| Email Address (background check will be sent to this email address.) | Enter email |
| Employee ID # | Enter for rehires |

|  |
| --- |
| **Job and Offer Letter Information** |
| Home Address | Enter home address. (required field) | Department | Select department. (required field) |
| Supervisor | Enter Name | Supervisor Position Number | Enter position number |
| Work Location (preapproval is required before offering the position for remote work, refer to [Remote Work Request Form](https://cdn.chass.ncsu.edu/sites/busoffice.chass.ncsu.edu/hr/Remote%20Work%20Request%20Form.docx)) | Choose an item. (required field) | Building & Room # (if on campus) | Enter on campus work location. (required field) |
| Campus Box | Enter box #. (required field) | Position Number | Enter position #. (required field) |
| Job Posting Status | Choose an item.(required field for new hires) | Is the Disposition of Remaining Applicants Attached? | Choose an item (required for new hires) |
| If Rehire Provide Last Semester Worked (Individual must have worked for department within the last academic year) | Enter last semester worked. (required field for re-hires) | Rank | Select rank. (required field) |
| Appointment (academic or fiscal) | Choose an item. (required field) | Term | Choose an item.(required field) |
| FTE[(Should match Credit Hours)Link to ChartExample: .675](https://ehra.hr.ncsu.edu/wp-content/uploads/sites/8/2016/01/TranslationFTE.pdf) | Enter FTE. (required field) | Total Credit Hours(Provide Credit Hours for all course to be taught) | Enter Credit Hours. (required field) |
| Contract Length[(How long is appointment based on dates?Full time Senior Lecturers and above must be appointed for a 2 year minimum)Link to Rule](https://policies.ncsu.edu/rule/rul-05-67-413/) | Enter length of contract. (required field) | Contract Length Exception | Provide exception details. (optional field) |
| Start Date (8/16/xx for Fall or 1/1/xx for Spring academic appointments)Example: 8/16/2022 | Enter Appointment Begin Date. (required field) | End Date(5/15/xx for Spring or 12/31/xx for Fall academic appointments)Example: 5/15/23 | Enter Date Work Ends. (required field) |
| Annual Salary(Complete ONLY if hired for one academic year or greaterIf this field is completed, the semester salary field should be blank.) Example: 50,000Must meet [Professional Faculty Salary Minimums](https://cdn.chass.ncsu.edu/sites/busoffice.chass.ncsu.edu/hr/Professional%20Faculty%20Salary%20Minimums.pdf) | Enter if Hiring for Academic or Fiscal Year. (required field) | Semester Salary(Complete ONLY if hired for one semester. If this column is completed, the annual salary field should be blank. This amount will be annualized in system by multiplying by 2.) Example: 25,000Must meet [Professional Faculty Salary Minimums](https://cdn.chass.ncsu.edu/sites/busoffice.chass.ncsu.edu/hr/Professional%20Faculty%20Salary%20Minimums.pdf) | Enter if Only Hiring for Semester. (required field) |
| Course Names/Numbers (Complete ONLY if less than .75 FTE, note it will only be included in the letter for semester hires. Enter Subject, Catalog #, Section, and Name for all courses using Alt-Enter between courses.)Example: ABC 301-002 Introduction to Life CDF 205-001, Study of Bees If courses are not yet determined, provide a general description. Example: 4 sections of ABC xxx | Enter Course Name(s) and Course Numbers(s). (required field if less than .75 FTE) | Payment by Course(Complete ONLY if less than .75 FTE **AND** payment amount varies by course, note it will only be included in the letter for semester hires. Describe further explanation of payment to be included in letter. Use complete sentences.)Example: The payment previously described includes $5,000 for FRG 350-001 and $6,000 for FRG 351-450. | Enter Payment by Course. (optional field) |
| Cancellation Pay(Complete ONLY if less than .75 FTE **AND** hiring for one semester. Enter amount only to be paid if course cancels by set date. Do not include percentage but be sure it does not exceed 20% of base pay.) Example:1,000 | Enter Cancellation Payment Amount. (optional field) | Additional Notes | Enter Additional Information. (optional field)  |
| Project ID | Click here to enter text. | **Distribution %***(If only one project ID, distribution should be 100%)* | Click here to enter text. |

|  |
| --- |
| **Other Duties**Complete ONLY if FTE and credit hours do not match chart. Describe duties that justify difference in FTE that are beyond duties that are normally associated with teaching courses. Faculty teaching courses are expected to meet with students, hold office hours, grade assignments, and engage in meetings related to teaching responsibilities. Example: Advising, serving on a committee or project not related to teaching courses, curriculum development, etc. |
| Enter Other Duties in Complete Sentences. |

|  |
| --- |
| **Responsibilities** If employee **will** have a SFR, indicate the following: Plans for work efforts will be reflected in your Statement of Faculty Responsibilities in accordance with REG 05.20.27 (<https://policies.ncsu.edu/regulation/reg-05-20-27/>).If employee will **not** have a SFR, you must provide a statement describing all of the objectives, including teaching and other duties (including anything in the previous column,) on which he/she will be evaluated. Example: You will be expected to teach two courses within your areas of competence each semester. |
| Enter Job Responsibilities in Complete Sentences. |

|  |
| --- |
| **Are you offering a** [**relocation allowance**](https://chass.ncsu.edu/intranet/wp-content/uploads/sites/6/2023/08/Relocation-Allowance.pdf)**?** [ ] Yes [ ] No If yes, enter only the yellow box with amount below. Ensure that the [Non-Salary Deferred Compensation Form](https://policies.ncsu.edu/wordpress/wp-content/uploads/2016/06/Non-Salary-Compensation-Form-fillable_FINALv2-1.pdf) is attached. Note: Any relocation amount provided to a professional track faculty member must be fully funded by the department. |
| The College of Humanities and Social Sciences will provide moving expenses (i.e. house hunting, household moving and temporary housing expenses) for relocation to North Carolina, in the amount of $Enter Amount. In accordance with IRS tax rules, relocation allowances are fully taxable to the employee and are subject to applicable payroll tax withholding. If you have questions regarding IRS tax rules related to your relocation allowance, please contact your own tax, legal and accounting advisers before signing this employment agreement. Please be advised that you will not be required to provide receipts for this lump sum relocation allowance in accordance with NC State Policy 05.15.03- Non-Salary and Deferred Compensation. The University will not be responsible for relocation expenses that exceed the amount approved as part of this employment agreement. Your department will direct you to a system used to collect detailed information and upload your banking documentation as required to receive your relocation allowance payment. |

|  |
| --- |
| **Funding Contingency**Complete ONLY if not paying on State funds. Provide the name of grant or other source of funds to be used in the T&C funding contingencyExamples: ABC Grant or XYZ Gift Funds |
| Enter Funding Contingency. |

|  |
| --- |
| **Sign, date, and upload this form and required documents to CPAWS:** |
| **Requestor Information** |
| Coordinator of Business Services Signature |  | Date |  |
| Department Head Signature |  | Date |  |