

FULL TIME NON-TEACHING FACULTY AGREEMENT

DATE _____

PERSON'S LEGAL NAME _____



HR USE ONLY (if applicable):	
Banner # _____	
Position # _____	Suffix # _____
Entered by: _____	
Verified by: _____	

The college is pleased to offer you an appointment as a _____ within the _____ Department, Dept. Home Organization # _____. This document sets forth the terms of your appointment and supersedes all other commitments either written or verbal that may have been made to you; however, it does not affect any tenure rights/privileges earned, if applicable. This document may be executed in multiple counterparts, all of which together may form a single document. Your duties are subject to change depending on department needs, and such a change shall not be grounds for rescission of this agreement. In any event, financial exigency may justify the cancellation or amendment of this agreement. This is an unclassified position. Action to terminate this appointment, if required, shall not be arbitrary or capricious. The terms and responsibilities of your employment may be further described in an attached job description.

Employment Period: Academic Year _____ Date: Begin _____ End _____

Your base salary for this appointment will be \$ _____. You are entitled to the appropriate benefits offered to a full-time employee of the Louisiana Community and Technical College System, which may include eligibility for paid leave and; participation in both a state retirement system and comprehensive health insurance plans offered by the college.

Your appointment is subject to change based on the needs of the college. You agree to perform to the best of your ability, at all times the following duties that include but are not limited to the following:

- a. Attending faculty orientation and training sessions as required;
- b. Assessing student learning in accordance with college practices;
- c. Responding to students' questions and communications as required by your supervisor, and
- d. Adhering to all policies of the college and the Louisiana Community and Technical College System.

_____ (check if applicable) If for any reason you are excluded from a facility or workplace affiliated with the college that is necessary to access for the fulfillment of your job, it will result in immediate termination of employment with this college.

_____ (check if applicable) For faculty whose position is located within a school district, the agreement amount is based on the school district's calendar and you are expected to work from the first day of school until the last day of school or until the school administration dismisses instructors.

The college reserves the right to terminate this agreement before the end date for any of the reasons specified above or in the policies and procedures of the college and/or those of the Louisiana Community and Technical College System, including but not limited to dismissal for misconduct, dismissal for unsatisfactory performance, termination for financial exigency or discontinuance or elimination of the program in which the affected faculty is working. Should you resign or be dismissed from this appointment before the end of the appointment's term, pay will be prorated to include payment for services rendered. Your appointment and salary are subject to the approval of the college Appointing Authority, the Chancellor, or their designee. There is no guarantee of reappointment. Reappointment is based on your performance evaluation, good conduct, and/or at the discretion of the Chancellor or their designee.

Please signify your acceptance by signing below and returning this document to _____ no later than _____. Should this document not be received by the above specified date, the college will assume that you have not accepted the offer. This position may then be advertised as an open position via appropriate media.

I have reviewed the requirements outlined above and agree to perform all responsibilities to the best of my ability.

Employee Signature _____ Date _____

FOPAL: _____
Fund Org Acct Program Activity Percent

Signature – Dean/Vice Chancellor Date

FOPAL: _____
Fund Org Acct Program Activity Percent

Signature – Chief Finance Officer/Director Date

FOPAL: _____
Fund Org Acct Program Activity Percent

Signature – Chancellor/Appt. Authority Date