 **Summer 2017**

# 

[Date]

[Name]

[Address]

[Address]

Dear :

I am pleased to offer you an appointment for the **Summer Term 2017** as a **Teaching Associate – Summer Term (Job Code 2324),** at California State University, Northridge. The details of your Summer 2017 teaching appointment include:

College: [College]

Department: [Dept/Dept ID]

Session: [Session] Begins: [Start Date] Ends: [End Date]

#1 Course Name / Number:

Time-Base or Range of Hours: Gross Pay:

Supervisor: Contact #:

#2 Course Name / Number:

Time-Base or Range of Hours: Gross Pay:

Supervisor: Contact #:

A Position Description for this appointment is enclosed. Should you have anyquestions regarding your assignment or the terms of this appointment, please contact your supervisor as noted above. Additional terms and conditions of this appointment are covered by the Collective Bargaining Agreement (CBA) between the CSU and the UAW. For further information regarding the UAW, please refer to the following website: <http://www.uaw4123.org>. The CBA may be referenced at: <http://www.calstate.edu/LaborRel/Contracts_HTML/CBA_Contract/> . Information regarding the California Loyalty Oath can be found on the system-wide website at <http://www.calstate.edu/LaborRel/Contracts_HTML/CBA_Contract/index.shtml>. This appointment automatically expires at the end of the period stated above and does not establish an obligation for a subsequent appointment. No other notice shall be provided.

If while you are employed as a Summer Teaching Associate you are not cumulatively enrolled in a minimum of four units, you will not be eligible for the Student FICA exemption per IRS Code section 3121 (b)(10) and the CSU Student Employment Program. As a result, 1.45% of your gross earnings will automatically be deducted for Medicare Tax. You will automatically be enrolled in the Part-Time/Seasonal/ Temporary (PST) Retirement Plan and be required to contribute 7.5% of your pre-tax gross pay each applicable pay period.

In order for your appointment to be processed, you must sign and return this letter to your department office no later than *14 days from the date of this letter.* You may wish to make a copy of this letter for your records. If this is your first appointment at CSUN, please consult with your department about completing the Sign-In Process at Human Resources before the start of the Summer Term. For information on benefits, if applicable, please contact the Benefits Administration Office - Monica Baskerville (last names A-K) at (818) 677-3810, or Cathy Salazar (last names L-Z) at (818) 677-2119.

Sincerely,

Dean

I accept the above offer of employment:

I do not accept this offer of employment:

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Signature: CSUN ID#: Date: