UofSC Reappointment Letter for Research Grant and Time-Limited Positions Template

DATE

Dear First Name,

I am pleased to offer you the reappointment of POSITION within the COLLEGE/DIVISION beginning on XX/XX/XXXX and ending XX/XX/XXXX.  This PART/FULL Time position is based on XX hours per week. Your XX months salary will be $XXXX at XX hours per week.

With this reappointment, the University of South Carolina is employing you in a research grant/time-limited position, and your employment in this position remains employment at will, which means you may be terminated at any time with or without cause and without grievance or appeal rights, and you will not be entitled to any compensation beyond the date of termination. In addition, your employment continues to be subject to the following:

1. Adherence to all rules and regulations of the University of South Carolina.

 2. Your satisfactory performance in this position.

3.The continued need of the University for your position and;

4. The continued availability of funds specified in the grant or project under which you are employed.

Should you be terminated for any reason, your termination will not be subject to administrative or judicial appeal. **Payment for unused annual leave is dependent upon the allocation of funds for this purpose. Unused sick leave will be forfeited.** Neither the University of South Carolina nor the State of South Carolina is obligated to obtain further employment for you upon termination of these funds. The period of your employment in a research grant/time-limited position does not count toward calculations of state service dates. Bonus leave accrual may or may not exist, contingent upon the stipulations of the grant. If the grant or project funding your position does not provide for any specified benefits, you are not eligible to enroll unless you become eligible as a result of university, state, and/or federal guidelines.

Your benefits package remains unchanged. (If changing any of the benefits previously offered from prior appointment, please list here. Any change in benefits should align to what was addressed in the job change eform.)

We look forward to your continued employment with the University.

USC Authorized Representative Date

I certify that I read the above terms and conditions of my employment and that I understand and agree to them. My signature below indicates that I accept this position.

Employee Signature Date