**TEMPORARY APPOINTMENT LETTER**

Date Of Letter

Employee Name

Office Or Home Address Depending On Place Of Delivery

Dear: Name

#### I am pleased to confirm your temporary appointment as Job Title in Work Unit Nameeffective Insert Date**.** Your appointment is conditional on the terms and conditions stated in this letter and the terms and conditions set out in the “EHRA Non-Faculty Appointee Certifications and Conditions of Employment.

Your appointment begins on the effective dated noted above and is choose one of the following: Scheduled / Anticipated to end on Insert Expected Appointment End Date. As a temporary appointee, your employment may be extended by mutual agreement between you and the appointing Department Head. It may also be ended or modified at any time, including prior to the scheduled end date, should the needs of the Department change. While you would be notified of such a change, no formal written notice is required.

Your initial salary will be Insert Salary Per Fte/Work Schedule per year based on a regular work schedule of Insert Xx Hours Or X.Xx Fte and your appointing unit is responsible for initiating any changes in your salary or work schedule as deemed appropriate.

You are not eligible for other University benefits such as annual leave, sick leave, NC Flex, or mandatory retirement Teachers’ And State Employees’ Retirement System And Optional Retirement Program . However, the university does now offer health coverage under the Affordable Care Act to all eligible temporary employees. A determination of your eligibility will be made within 30 days of your date of hire. You will be contacted directly by the benefits office if you are determined to be eligible for this coverage.

Please note also that all EHRA Non-Faculty appointments, including temporary appointments, are conditional on satisfactory completion of the University’s required criminal conviction checking processes. In the event these processes have not been fully completed at the time your appointment begins, your appointment may be discontinued if any remaining checks disclose information that in the University’s judgment are sufficient to bar your continued employment.

Please signify your acceptance of these conditions of employment by signing and dating the enclosed copy of this letter and the “EHRA Non-Faculty Appointee Certifications and Conditions of Employment” (Form AP-2a). Please also complete the Recommendation for EHRA Personnel Action (Form AP-2)and return the letter, AP-2 and AP-2a forms to me at your earliest convenience and no later than Insert #weeks from the date of this letter.

Accompanying this letter of appointment are “Equal Opportunity Employment Data Forms” which request information regarding gender and race/ethnicity information, Protected Veteran status and Individuals with Disability information. The University of North Carolina at Chapel Hill is an Equal Opportunity Employer. Collection of this information is in compliance with Federal laws and regulations, executive orders, and applicable State laws and regulations. The information that you submit will remain confidential and will be used by the UNC Chapel Hill Equal Opportunity and Compliance Office only for statistical and required reporting purposes. Completion of this data is voluntary; failure to provide this information will not adversely affect your candidacy or employment.

Sincerely yours,

Signature

Signatory Name