**[SR. Administrative Officer Letter WITHOUT Faculty Rank]**

**DATE**

**NAME**

**ADDRESS  
ADDRESS**

Dear **TITLE** **NAME**:

I hope this finds you well. I write with pleasure to extend to you an offer of appointment as the **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** of the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]** subject to approval of the Board of Trustees and the terms and conditions set forth below.

1. *Duties*. In your capacity as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** of the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]**, you will report to the **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE OF SUPERVISOR]**. As **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]**, you will provide overall management and leadership for the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]** and all of its functions and activities as well as engage with the university to shape, articulate, and implement our vision as an organization that is learner centered, discovery driven and globally engaged. Your duties will include but are not limited to:
   1. Recruiting, retaining, and evaluating faculty and staff,
   2. Strategic planning including program planning, implementation and assessment,
   3. Financial and resource management,
   4. Fostering scholarship and externally funded grants and contracts with continued growth in these areas,
   5. Fundraising and development of pertinent external constituencies,
   6. Outreach activities consistent with the duties of **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]**, including community relations,
   7. Promoting university goals and policies as well as strong advocacy for Western Michigan University and its faculty, staff, and students,
   8. Communicating effectively with all constituents and
   9. Adhering to all university policies and practices as well as ensuring compliance with all state and federal regulations and laws as related to the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]**.
2. *Appointment Status.* The **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** of the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]** is full time for the period specified. In accordance with Western Michigan University Human Resources policies, while you serve as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** and in that capacity, you will be designated as a “senior administrative officer” and an at-will employee and as such you will serve at the pleasure of the president and will be subject to the pertinent policies governing such an appointment. Information is located at <https://www.wmich.edu/hr/employees/officers>.
3. *Compensation.* Your twelve-month annual salary beginning **[INSERT DATE]** will be **[INSERT TOTAL SALARY]** paid semi-monthly. You will be eligible for salary adjustments as authorized by the Board of Trustees beginning with fiscal year **[INSERT YEAR]**. **(Insert this paragraph only for external hires if moving expense reimbursement is offered.)** You will be reimbursed for receipted moving expenses up to the amount of one month of your salary, and not to exceed $     . A copy of our moving expense policy and list of items eligible for reimbursement is enclosed. Please note that effective January 1, 2018, reimbursements for moving expenses will be subject to all applicable taxes in accordance with the Tax Cuts and Jobs Act of 2017.
4. *Term – Duration of Appointment.* 
   1. Subject to subparagraph (b) of this section, your appointment as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** will be for a term commencing **[INSERT BEGINNING DATE OF APPOINTMENT]** and ending no later than **[INSERT ENDING DATE OF APPOINTMENT]**. This appointment is subject to renewal as provided in Paragraph 5 below.
   2. The president reserves the right for any reason to terminate your appointment as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** before the end of the term. In the event he or she does so, you will be entitled to no further compensation as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]**.
5. *Evaluation.* The **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE OF SUPERVISOR]** expects to meet with you on a regular basis for the purpose of soliciting your views and providing the **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE OF SUPERVISOR {‘S}]** own views concerning your discharge of the duties of **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** of the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]**. The **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE OF SUPERVISOR]** will conduct a formal review of your performance as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]**. As part of that review, the **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE OF SUPERVISOR]** may solicit written evaluations from other university officers, faculty and interested parties. Following the completion of that review, the **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE OF SUPERVISOR]** will discuss with you whether your appointment as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** will be renewed and, if so, the terms of the reappointment.
6. *Employee Benefits and Applicable Policies.* You will be entitled to the standard employee benefits package for which you qualify as a Senior Administrative Officer. The most up to date information on benefits can be found at <http:///wmich.edu/hr/employees>. The University retains the right to change and modify benefits from time to time. You will also be subject to all University policies and procedures, including Human Resources Policies that are not inconsistent with the terms of this appointment.
7. *Form I-9 Information:* Your first day of employment is **[insert date]**. The U.S. Department of Homeland Security requires all employees have a valid Form I-9 on file as proof of their authorization to work in the United States. If you have already completed a Form I-9 with the University, it is your responsibility to contact Human Resources if there is a change in your U.S. work authorization. If you need to complete the Form I-9, you will receive an email from Human Resources with instructions. Section one of the Form I-9 must be completed on or before your first day of employment. Take your original, unexpired documents to Human Resources within three days of your first day of employment. Form I-9 list of acceptable documents can be found at <https://www.uscis.gov/i-9-central/acceptable-documents/acceptable-documents>.
8. *Board memberships, consulting, and other outside activities.* While you are encouraged to engage in extramural professional activities, such as the delivery of speeches and papers and participation in professional organizations, you will not be permitted without the provost’s and the president’s prior written approval to enter into consulting, independent-contractor, or other relationships for remuneration, and any service on the board of an outside organization must comply with Western Michigan University policy. To the extent you are ever confronted by a conflict of commitment or conflict of interest arising from your simultaneous obligation as a Western Michigan University officer and the requirements of other professional commitments, you will be expected to resolve the conflict in accordance with the Western Michigan University policies.
9. *Background Check.* In compliance with applicable law, you are being notified that Western Michigan University will conduct a background check of you as an applicant, including a criminal conviction history and credit report. Western Michigan University will comply with all applicable laws related to the use of information obtained through the background check. For purposes of background check, you are required to provide your date-of-birth and social security number on the attached Disclosure and Consent Form. *A Summary of Your Rights Under the Fair Credit Reporting Act* is included for your information. Please return your completed signed Disclosure and Consent Form directly to **[DELETE INCORRECT PERSON FOR YOUR COLLEGE]** Dace Copeland ([dace.copeland@wmich.edu](mailto:dace.copeland@wmich.edu)) Cathy Smith ([cathleen.smith@wmich.edu](mailto:cathleen.smith@wmich.edu)) in the Office of the Provost and Vice President for Academic Affairs.

To indicate your acceptance of the terms of this appointment, I ask that you date and sign the letter in the spaces provided below and return it to me no later than **[INSERT REASONABLE DATE]**. A duplicate copy of the letter is enclosed for your records.

I look forward to working with you. You have my best wishes.

Sincerely,

**NAME**

**TITLE**

c **Provost**

**[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]**

att *A Summary of Your Rights Under the Fair Credit Reporting Act*

Disclosure and Consent Form

I agree to accept the appointment as **[INSERT INTERIM OR ACTING, IF APPROPRIATE]** [**INSERT TITLE]** of the **[INSERT NAME OF DEPARTMENT, SCHOOL, OR COLLEGE]** at Western Michigan University in accordance with the terms and conditions set forth in this letter.

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Name Date