<REF>

<DATE>

PRIVATE & CONFIDENTIAL

<NAME>

<ADDRESS>

Dear <NAME>

I write with pleasure to offer you an appointment as <TEACHING ASSISTANT / TEACHING ASSOCIATE / TEACHING FELLOW / SENIOR TEACHING FELLOW / PRINCIPAL TEACHING FELLOW>, <GRADE 6 / GRADE 7 / GRADE 8 / GRADE 9 / GRADE 10>, within the Teaching staff category, initially in <DEPARTMENT/SCHOOL>. This appointment is offered <ON AN OPEN-ENDED BASIS / FOR THE FIXED-TERM PERIOD OF INSERT> with a start date of <INSERT>. Full details of your appointment are given on the attached sheet.

The Conditions of Employment for the Teaching staff category are attached, together with the job description for this post.

Your period of continuous service for statutory employment rights dates from <INSERT>.

You will continue to be a member of the Universities Superannuation Scheme.

Please indicate your acceptance of this appointment by signing and returning to me, no later than <DATE>, the enclosed copy of this letter and attached sheet.

Yours sincerely

<NAME>

# Human Resources Manager/Adviser

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**FORM OF ACCEPTANCE DO NOT DETACH**

I accept the appointment outlined in the foregoing letter under the general conditions referred to in the letter.

Signature ............................................................................... Date ..................................

Post: Pers:

**Appointment Details**

**Personal Details**

Name: <INSERT>

Address: <INSERT>

**Appointment Details**

Post Title: <TEACHING ASSISTANT / TEACHING ASSOCIATE / TEACHING FELLOW / SENIOR TEACHING FELLOW / PRINCIPAL TEACHING FELLOW>

Department: <INSERT>

Responsible for the proper performance

of your duties to: Head of Department

Grade: <GRADE 6 / GRADE 7 / GRADE 8 / GRADE 9 / GRADE 10> in the Teaching staff category

<INSERT RELEVANT SALARY RANGE>

Salary: <INSERT> <FTE EQUIVALENT WHERE RELEVANT>

Hours: <FULL-TIME / HOURS PER WEEK>

**Duration**

Start Date: <INSERT>

Expected End Date: <INSERT IF APPLICABLE / OPEN-ENDED>

**Salary Information**

Pay Period: Monthly

Next increment date: <IF APPLICABLE: 1 APRIL YEAR>

**ACCEPTANCE**

I accept the appointment outlined above under the general conditions referred.

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . .

Post: Pers: