

Kansas State University Agreement for School Employee Appointment

I _____, acknowledge that the _____
(Name of Employee) (Title)

position I have agreed to accept is a school employee appointment in _____.
(Department)

I understand the conditions of employment are as follows:

1. Involuntary leave without pay may be in force during the summer months.
2. Employee benefits paid by the university will include individual health insurance and the KPERs Insured Death and Disability benefits. During the summer months the employee must assume responsibility for the life insurance and health insurance premiums normally deducted from his/her paycheck.
3. Under current state law, school employees are not eligible for unemployment compensation during the summer. (Refer to unemployment pamphlet attached.)
4. Any vacation or compensatory time earned may be used during the summer months to decrease the amount of Leave Without Pay (LWOP) required.
5. Dates of employment may vary each year to coincide with the beginning of the fall semester and end of the spring semester.

I have read and acknowledge the conditions of this appointment agreement.

(Employee Signature)

(Date)

(Department Head Signature)

(Date)