



Office of Human Resources

Limited Duration Appointment Agreement

Appointment Information

_____	_____	_____	____ ____ ____
Employee Last Name	First Name	MI	University ID

_____	_____	_____	_____
Position Classification	Department Name	Begin Date	End Date

Agreement

I agree to accept a limited duration appointment in the position classification and department listed above for Oregon State University. I understand the dates listed above reflect the appointment begin date and approximate end date.

I am entitled to all rights and privileges of other classified employees including annual salary increases. Furthermore, I understand this appointment is contingent upon the availability of work and satisfactory performance, and that management retains the right to terminate this appointment at any time.

I have been advised that this appointment does not establish layoff rights (unless I have held regular status in a classified position for an OUS institution within the prior two years) and that no guarantee exists to continue employment with Oregon State University beyond the terminations of my limited duration appointment.

I agree to the terms and conditions of the appointment as stated above.

Signatures

Employee Signature

Date

Supervisor Name (please print)

Supervisor Signature

Date