**UW-MADISON**

**PROJECT /PROGRAM ASSISTANT “ANNUAL” REAPPOINTMENT LETTER – TEMPLATE**

***Note: Project/Program Assistants must receive an annual reappointment letter each time the appointment is extended***

[DATE]

[EMPLOYEE NAME]

[ADDRESS]

[ADDRESS LINE 2]

[CITY, STATE ZIP]

***Optional: Add EMPL ID here or at end of letter***

Dear [EMPLOYEE NAME],

I am pleased to confirm that your appointment as a [PROJECT OR PROGAM ASSISTANT] with the [OPERATIONAL AREA] in the [DEPARTMENT NAME] will be extended through [APPOINTMENT END DATE]. At the full-time annual pay rate of [$ANNUAL RATE] at [PERCENT] % time, your stipend for this appointment will be [$BIWEEKLY RATE] per pay period.

Your work and assignment will remain the same and the conditions of the appointment will continue as stated in your original letter of appointment. You will be expected to work [HOURS] per week during the period of this appointment.

To qualify for Tuition Remission, you must be a graduate assistant and your combined TA, PA, RA, LSA earnings must total at least 33 percent of the full-time, annual rate during each semester. \* This remission is awarded prospectively based on anticipated earnings, and earnings at the conclusion of the appointment must equal or exceed 33 percent of the appointment’s full-time rate for the length of a semester to receive full tuition remission for that term. For additional information, please refer to the Bursar’s Office website information regarding TA, PA, RA, LSA Appointments at:

<https://businessservices.wisc.edu/making-payments/payments-to-students/tuition-remission/eligibility-for-ra-ta-pa-and-lsa-tuition-remission/>

*\*Students enrolled in a tuition non-pooled (131) program are not eligible for tuition remission. If you are unsure whether the student is in a tuition non-pooled (131) program, you may refer* [*here*](https://tableau.wisconsin.edu/#/views/CurrentStudentsinNon-PooledTuitionPrograms_16342164058570/StudentsinNon-PooledTuitionPrograms?:iid=1) *for a list of all students in these programs.*

Employment policies regarding your assistantship are found at: <https://hr.wisc.edu/policies/gapp/>

If you have not already done so, please complete the annual mandatory Cybersecurity Awareness Training before December 1st of this year.  Information about the training and the registration link is available at <https://it.wisc.edu/about/division-of-information-technology/enterprise-information-security-services/office-of-cybersecurity/cybersecurity-awareness-training/>.

Your vacation allocation for the period of [APPOINTMENT BEGIN DATE] through [APPOINTMENT END DATE] will be [NUMBER OF VACATION HOURS]. You should plan to use any accrued vacation time prior to the end of your appointment, as no lump-sum payment will be made for any unused vacation time nor will it be carried over after the appointment end date. Other than periods when you receive approval to use earned vacation time, the appointment extends throughout the period noted above, with the exception of holidays when State offices are officially closed.

You are also eligible to earn sick leave. At the beginning of each appointment period, you will be credited with a bank of sick leave hours. The number of hours credited to your sick leave bank will be [# SICK LEAVE HOURS].  Sick leave may not be used in increments of less than 15 minutes.  Unused sick leave will carry over from appointment period to appointment period only within the same department.  Any combination of sick leave carry over and newly accredited sick leave cannot exceed 96 hours.  In the event of an unanticipated absence, you must contact me by phone or email before the start of your scheduled work shift.  [EXPLAIN THE PROCESS FOR WHAT YOU WANT THE EMPLOYEE TO DO WHEN S/HE IS SICK].

It is the policy of University of Wisconsin-Madison to provide reasonable accommodations for qualified individuals with disabilities. If you need a reasonable accommodation to perform the essential functions of your position, please contact [INSERT NAME OF DDR], Divisional Disability Representative (DDR) at [INSERT PHONE NUMBER OF DDR] or [INSERT EMAIL OF DDR]. The DDR is the person authorized to receive and maintain confidential medical information in our [INSERT ONE: SCHOOL, COLLEGE, DIVISION]. More information can be found at the following website: <https://employeedisabilities.wisc.edu/>

Sincerely,

[SUPERVISOR]

[TITLE]

***Optional: Add Empl ID here or in address field above***

CC: [DEPARTMENT FILE]

[NAME OF SCHOOL/COLLEGE] HUMAN RESOURCES OFFICE