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PRINT ON DEPARTMENT LETTERHEAD

DATE

Full Name  
UFID:

DEPARTMENT NAME

Dear name:

We are pleased to offer you a project opportunity from START DATE – END DATE for a total stipend of $AMOUNT. Your duties and responsibilities under this agreement will cease on the date indicated. No further notice of cessation is required. If the duties or timeline is extended, we will notify you in the form of an updated letter.

The project is focused on: PRIMARY PROJECT DUTIES

This should take approximately TOTAL NUMBER OF HOURS.

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Employee Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name, Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair Name, Title Date

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Dean Name, Title Date