

(Date)

(Name)

(Address)

(City, State)

Dear _____,

This is to confirm your service as an agent in the _____ Department at the University of Wisconsin – Whitewater for the period from _____ to _____ (not to exceed one year). Your service to the University may be terminated at any time prior to the end date specified by your supervisor with notice. As an agent, you are not considered an employee of the University.

During your time as an agent with our department, you will be performing the following duties:

_____ under the supervision of _____ (name),
_____ (title), _____ (phone number).

Your agent status qualifies you for extension of the liability coverage provided to agents of the University of Wisconsin System, so long as any potential liability occurs while you perform duties that fall within the scope of the description provided above/attached.

I will be pleased if you accept this appointment as an agent under the conditions outlined. If you accept this appointment, please sign both copies of this letter and return one copy to me.

Sincerely,

cc: Agent Supervisor
Dean or Division Head
Risk Management & Safety

Agent Statement of Acceptance:

I HAVE REVIEWED, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS RELATED TO MY SERVICE AS AN AGENT, AS DESCRIBED WITHIN THIS LETTER.

Signature

Date