CURRENTDATE

APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME APPLICANTLNAME:

I write to offer you an Adjunct appointment at the University of Connecticut.

|  |  |
| --- | --- |
| Posting/Internal Job Title | JOBTITLE |
| Department | JOBSUBDEPARTMENT |
| Department Head | RECRUITERFNAME RECRUITERLNAME |
| Executive Division | JOBBRAND |
| Building Location | SITETITLE |
| Work Department/Non-Academic | GENERIC\_WORKDEPT\_ |
| Appointment Semester |  |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Multi-Year Contract Start Date | OFFERSUPPLEMENTARY\_DATE04 |
| Multi-Year Contract End Date | OFFERSUPPLEMENTARY\_DATE03 |
| Total Stipend | ALLOWANCEFORCAR |
| Lab Premium, if applicable | COMPANYBONUS |
| Total Credits | OFFERSUPPLEMENTARY\_TEXT10 |
| Health Benefit Enrollment Deadline | 31 days past OFFERSTARTDATE |
| Retirement Election Deadline | OFFERSTARTDATE |
| Union Information | <http://www.uconnaaup.org/> |

This offer of employment is contingent upon:

* Sufficient enrollment and the continuation of the class offering. If a course is canceled, you will be notified as soon as possible
* Timely completion of an approved I-9 (Employment Eligibility Verification Form)

Please note that this appointment is for the dates specified in the table above only and is not a guarantee of future appointments.

Your compensation will be issued in biweekly increments, with the first paycheck issued approximately one month following your hire date. A delay in the timely submission and processing of required paperwork may result in a delay in the issuance of your paycheck.

Adjunct Faculty are covered by the collective bargaining agreement with the American Association of University Professors (AAUP). As such, if you elect to become a member, dues will be deducted from your check, in accordance with the AAUP collective bargaining agreement Article 17.2.

As a part-time Adjunct Faculty member you are eligible for selected benefits under Article 19.V. of the AAUP collective bargaining agreement and under state statute. They include:

1. **Health Insurance**

You may purchase optional State employee health benefits at group rates. As you consider this option, you should be aware that you have 31 days from the commencement of your employment to enroll in medical and/or dental insurance.

1. **Retirement Plan**

Your previous election or waiver of a retirement plan will remain in effect with this appointment.

Please be aware that if you are dually employed for the State of Connecticut, the benefits available to you may vary from those described above.

Information regarding health insurance, a link to the AAUP contract, Adjunct Orientation as well as other information for Adjunct Faculty is available at<http://hr.uconn.edu/neo-info/>. Further information regarding Benefits can also be obtained by contacting Human Resources at (860) 486-3034 or [hr@uconn.edu](mailto:hr@uconn.edu).

As an adjunct faculty member, you will serve an important role in advancing the University’s mission. UConn is a national leader among public research universities, with more than 30,000 students pursuing answers to critical questions in labs, lecture halls, and the community. Our employees are united in our goals of discovering knowledge through research and spreading that knowledge through teaching and outreach. We strive to better the University of Connecticut for the benefit of the state and its citizens. As a vibrant, progressive leader, UConn fosters a diverse and dynamic culture that meets the challenges of a changing global society. Thank you for joining us in this effort.

Sincerely,

RECRUITERFNAME RECRUITERLNAME

I further acknowledge the following:

* I acknowledge that I will not exceed the University’s 8-credit limit total per semester for Adjunct Faculty.
* I acknowledge that in connection with my employment I will be enrolled in the Alternate Retirement Program unless I irrevocably waive retirement plan membership for this and any part-time subsequent employment with this agency or the Board of Governors of Higher Education or any of its other constituent units.
* I acknowledge that if I am dually employed by another State of Connecticut agency or another department/campus at the University of Connecticut I have a dual employment form approved by both agencies.
* I acknowledge that I will participate in the University’s mandatory orientation and compliance training for Adjunct Faculty if I have not participated in the Program or if I have had a break in service of greater than one year.  I further understand that should I fail to comply with this requirement the University will proceed with disciplinary action in accordance with the AAUP Collective Bargaining Agreement.

I ACCEPT THIS APPOINTMENT UNDER THE TERMS DESCRIBED ABOVE.

By accepting this appointment I agree to abide by all University policies including, but not limited to, the [University’s Code of Conduct](https://policy.uconn.edu/2011/05/17/employee-code-of-conduct/) and the [State Code of Ethics](https://policy.uconn.edu/2011/05/24/guide-to-the-state-code-of-ethics/).

*Last updated November 2019*