APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME:

I am pleased to offer you the position of JOBTITLE at the University of Connecticut. Please review the information below that outlines the principal terms of your employment at the University. This position is established with an end date that may be revised by the University in writing. You must be specifically renewed in writing in order to continue employment beyond the stated end date.

|  |  |
| --- | --- |
| Job Title | JOBTITLE |
| Department | JOBSUBDEPARTMENT |
| School/College/Division | JOBDEPARTMENT |
| Executive Division | JOBBRAND |
| Supervisor | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Appointment Term | GENERIC\_APPOINTMENT\_ |
| Percent Employed | JOBSUPPLEMENTARY4 |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Full-Time Annual Salary | $OFFERSUPER |
| Union Info | [www.ucpea.org](http://www.ucpea.org) |

Your current benefit and retirement elections will continue unchanged. Please contact the Employee Benefits Department at benefits@uconn.edu or (860) 486-3034 should you have any questions. Your University Network Identifier, known as a Net ID, will remain the same.

The duties and expectations of this appointment are consistent with our previous discussions and remain subject to adjustment, in accordance with University policy.

**[ESS, ES, if applicable]** In this position you are considered Emergency Support Services/Essential Staff (ESS/ES) Employees. Please let me know if you have any questions about this designation or the policy.

During your interview, we discussed a work schedule of 35 hours per week working Monday through Friday. Your daily schedule will be confirmed prior to your start date. There may be additional hours on occasion. Given the nature of our operation and the potential for program expansion, your days and hours of work may have to be changed in the future and you should anticipate this possibility as a condition of employment. Any changes to your regular work schedule will be made in accordance with the terms and conditions of your collective bargaining agreement.

**[Licensure Requirement, if applicable]** Your position requires that you have current and active **[specify licensure or certification]** as a \_\_\_\_\_\_\_. This requirement continues throughout your employment in this capacity and loss of this important credential will jeopardize your continued employment. It is your responsibility to advise us of any change in the status of your license.

Other rights, terms and conditions of your employment are contained in the collective bargaining agreement between the University of Connecticut and the University of Connecticut Professional Employees Association (UCPEA). A copy of the collective bargaining agreement may be found on the UCPEA website at: <www.ucpea.org>.

UConn is Connecticut’s only public research extensive university, a prestigious designation that rests firmly on the institution’s commitment to the unfettered pursuit of knowledge through research, teaching, and outreach. You are accepting a position at the University in which diverse views are welcomed and respected even as we work together to advance our academic mission and to effect constructive change. We are delighted that you will be continuing to work with us in this effort.

Please indicate your acceptance of the offer electronically no later than three business days from the date you received the letter.

Sincerely,

SIGNEDBYFNAME SIGNEDBYLNAME

**{Supervisor’s Title}**

By accepting this appointment electronically I agree to the terms described above and 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/).

Policies for review at <http://policy.uconn.edu>:

 “Code of Conduct” Guide: <http://policy.uconn.edu/?p=140>