APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME APPLICANTLNAME:

I write to offer you a Special Payroll appointment at the University of Connecticut.

|  |  |
| --- | --- |
| Job Title |  |
| Department | JOBSUBDEPARTMENT |
| Executive Division | JOBBRAND |
| Supervisor | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Budgeted Hourly Rate | $OFFERBASE |
| Hourly Rate | $OFFERBASE |
| Anticipated Weekly Hours  | OFFERSUPPLEMENTARY\_TEXT06 |
| Health Benefit Enrollment Deadline | 31 days past OFFERSTARTDATE |

This offer of employment is contingent upon:

* Successful completion of a criminal background check, if applicable
* Timely completion of an approved I-9 (Employment Eligibility Verification Form)

Due to the special nature of this appointment, there is no guarantee of continuing your service beyond the specified end date. Please be aware that there may be circumstances that could necessitate ending your authorization earlier.

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.

Your temporary appointment may afford you the opportunity to purchase optional State employee health insurance at group rates. You will find specific information, rates and forms on the Human Resources website [https://hr.uconn.edu/health-benefits/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhr.uconn.edu%2Fhealth-benefits%2F&data=05%7C01%7C%7C6bf900cbeb634aec882a08da4405bf2c%7C17f1a87e2a254eaab9df9d439034b080%7C0%7C0%7C637897088715367387%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=cDGMEnJ0YJVmP23DZu991FQC262e%2BeKClTyQpaxPu3s%3D&reserved=0). 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. For further information, contact Human Resources at hr@uconn.edu or (860) 486-3034.

I trust this opportunity will be both personally and professionally rewarding for you and beneficial to the work of the University. Thank you for your interest. We look forward to having you join us.

Sincerely,

SIGNEDBYFNAME SIGNEDBYLNAME

Supervisor

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/).