APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME APPLICANTLNAME:

I write to offer you an appointment as a Special Payroll Lecturer in the School of Law.

|  |  |
| --- | --- |
| Job Title | Special Payroll Lecturer |
| Department | JOBSUBDEPARTMENT |
| Executive Division | JOBBRAND |
| Immediate Supervisor | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Budgeted Stipend | $ALLOWANCEFORCAR |
| Total Stipend | $ALLOWANCEFORCAR |
| Health Benefit Enrollment Deadline | 31 days past OFFERSTARTDATE |

Your responsibilities will include teaching the following course(s):

Course Name and Number:

Credits:

Times:

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
* Successful completion of a criminal background check if you have had a break in service of greater than one year OR have not been subject to a prior pre-employment criminal background check at the University of Connecticut
* Timely completion of an approved I-9 (Employment Eligibility Verification Form).

Please note that this appointment is for one semester 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.

University regulations also require me to inform you that this appointment is for the indicated semester only, does not lead to tenure, and is not a guarantee of future employment. 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.

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.

Online orientation information for Special Payroll Lecturers is available at<http://hr.uconn.edu/neo-info/>.

In this role, 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,

SIGNEDBYFNAME SIGNEDBYLNAME

Supervisor

I further acknowledge the following:

* 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 failure to comply with this requirement will preclude me from being rehired for future appointments.

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/).