APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME APPLICANTLNAME:

I write to offer you an appointment as an Instructional Specialist at the University of Connecticut.

|  |  |
| --- | --- |
| Job Title | Instructional Specialist |
| Department | JOBSUBDEPARTMENT |
| Executive Division | JOBBRAND |
| Immediate Supervisor | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Budgeted Stipend | $ALLOWANCEFORCAR |
| Total Stipend | $ALLOWANCEFORCAR |
| Total Credits | OFFERSUPPLEMENTARY\_TEXT10 |
| 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
* Timely completion of an approved I-9 (Employment Eligibility Verification Form).
* 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
* Completion and approval of a Dual Employment form, if applicable

Due to the special nature of this appointment, there is no guarantee of continuing your service beyond the specified end date; circumstances could also necessitate ending this authorization earlier than expected.

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.

Information regarding health insurance as well as other information for Instructional Specialists 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.

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 further acknowledge the following:

* 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/).