APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME:

I am pleased to offer you employment at the University of Connecticut. Please review the information below that outlines the principal terms of your employment at the University.

|  |  |
| --- | --- |
| Job Title | JOBTITLE |
| Department | JOBSUBDEPARTMENT |
| School/College/Division | JOBDEPARTMENT |
| Executive Division | JOBBRAND |
| Department Head | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Appointment Term | GENERIC\_APPOINTMENT\_ |
| Percent Employed | JOBSUPPLEMENTARY4 |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Full-Time Annual Salary | $OFFERSUPER |
| Health Benefits Enrollment Deadline | 31 Days after OFFERSTARTDATE |
| Retirement Election Deadline | OFFERSTARTDATE |
| Orientation Date | OFFERSUPPLEMENTARY\_DATE01 |
| Union Info | <http://www.uconnaaup.org/> |

You will receive the first biweekly paycheck two weeks after the close of the pay period in which you are hired, contingent upon all required documentation being in place.

Your appointment term is subject to the requirements of Article 37 of the collective bargaining agreement between the University of Connecticut and the American Association of University Professors (AAUP). Additional terms and conditions of your employment are also contained in the AAUP collective bargaining agreement.  A copy of the collective bargaining agreement may be found on the AAUP Website at: <http://www.uconnaaup.org/>.

This offer of employment is contingent upon successful completion of a criminal background check, and your continued employment is conditional upon the timely completion of an approved I-9 (Employment Eligibility Verification Form).  If you do require assistance in extending or obtaining work authorization at the University of Connecticut, please contact your department immediately.

If you accept our offer, you will soon receive a communication from the Department of Human Resources about several important topics, including Orientation, selecting a retirement plan prior to your first day of employment, and securing your University Network Identifier (NetID). If eligible for health insurance, coverage will become effective on the first of the month following your date of hire provided the enrollment process is completed within the initial 31 days of employment.

The duties and expectations of this appointment are consistent with our previous discussions and remain subject to adjustment, in accordance with University policy. Specifically **{insert specifics of teaching, research, public engagement, and service expectations}**.

Please be aware that all employees have a general obligation to follow applicable State and University policies, rules and procedures including NCAA rules and regulations. Given the nature of your position, however, compliance with NCAA rules and regulations is of particular significance.

Please be aware that the University has a Board of Trustees approved policy regarding [consulting](http://policy.uconn.edu/?p=155). The policy, related documents, and training materials may be found at http://[consulting.uconn.edu](http://www.consulting.uconn.edu/). You must obtain approval to consult prior to the start of the activity. If you are currently engaged in consulting activities, you may wish to contact the Faculty Consulting Office prior to your hire date in order to ensure you are compliant with these rules.

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 joining a 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 joining us.

Please indicate your acceptance of the offer electronically no later than five 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:

[Consulting for Faculty and Members of the Faculty Bargaining Unit](https://policy.uconn.edu/2011/05/17/policy-on-consulting-for-faculty-and-members-of-the-faculty-bargaining-unit/)

[Code of Conduct](https://policy.uconn.edu/2011/05/17/employee-code-of-conduct/)