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 |
| Supervisor | 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/> |

This appointment does not lead to permanent academic tenure. The first year of your appointment is a probationary year. After a successful probationary year you will be eligible for additional annual appointments, up to a maximum of five one-year appointments. Beginning the seventh year you will be eligible for multi-year appointments of between three and five years in duration.

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.

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 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}**.

Other terms and conditions of your employment are contained in the collective bargaining agreement between the University of Connecticut and the American Association of University Professors (AAUP).  A copy of the collective bargaining agreement may be found on the AAUP Website at: <http://www.uconnaaup.org/>.

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 in 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/)