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 | ROLETITLE |
| Department | JOBSUBDEPARTMENT |
| Executive Division | JOBBRAND |
| Supervisor | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Budgeted Stipend | $ALLOWANCEFORCAR |
| Total Stipend | $ALLOWANCEFORCAR |

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
* 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. Please be aware that there may be circumstances that could necessitate ending your authorization earlier.

These earnings are subject to the terms and procedures of the [Faculty Compensation Policy](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpolicy.uconn.edu%2F2011%2F05%2F24%2Fextra-compensation-for-full-time-faculty-in-aaup-policy-on%2F&data=05%7C01%7Cheather.souer%40uconn.edu%7C031ae464258f47e0007d08db0bb51d71%7C17f1a87e2a254eaab9df9d439034b080%7C0%7C0%7C638116644721137418%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=gWe4o5vYs4g3A33l%2FTeAe0F7qX7lDdNCO%2FtCRZV51cQ%3D&reserved=0). Compensation may be waived, and payment accepted in the form of faculty research funds. Please refer directly to the Policy for more information.

**Agreement to Waive Compensation**
Faculty may waive compensation and remit funds to any unrestricted University account, provided it meets the guidelines described in Section 5 of the [Procedures for the Faculty Compensation Policy](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprovost.uconn.edu%2Ffaculty-and-staff-resources%2Ffaculty-compensation-resources%2Fprocedures-for-policy-on-faculty-compensation%2F&data=05%7C01%7Cheather.carpenter%40uconn.edu%7Ca3e899cc9aa64718bafc08dbe4a011ca%7C17f1a87e2a254eaab9df9d439034b080%7C0%7C0%7C638355148373118683%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2BVEvzizqzSIDnlQoWsSrUQy8xo27Tpnub9Y61s%2BlSVE%3D&reserved=0).  A faculty member who chooses to waive compensation for an assignment must complete this and submit it to HR before any work begins.

***To be completed by the faculty member (must select one):***

[ ]  I elect to waive compensation for the above activity that exceeds 25% of my 12-month equivalent and would like it to instead be remitted to a University account that meets the required criteria (most common).

[ ]  I elect to waive all compensation for the above activity and would like it to instead be remitted to a University account that meets the required criteria.

[ ]  I do not elect to waive any compensation for the above activity. NOTE: If compensation exceeds earnings cap and this option is selected, compensation will not be earned above the 12-month equivalent and the funds will not be remitted to a faculty account (least common).

**I understand that before any waived compensation is remitted to a University account, I will need to also submit a Waived Compensation Transaction Request Form to Human Resources once the stipend amount for this activity is determined.**

Your current position as an AAUP faculty member on the regular payroll carries with it the full complement of insurance and retirement benefits. If applicable, deductions for your retirement plan will be taken from this payment.

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.

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/).

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Signature Date