APPLICANTFNAME APPLICANTLNAME

APPLICANTSTREET1

APPLICANTSUBURB, APPLICANTSTATE APPLICANTPOSTCODE

Dear APPLICANTFNAME:

I am pleased to offer you appointment as a Department Head 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 |
| Dean | SIGNEDBYFNAME SIGNEDBYLNAME |
| Building Location | SITETITLE |
| Appointment Term | GENERIC\_APPOINTMENT\_ |
| Start Date | OFFERSTARTDATE |
| End Date | OFFERENDDATE |
| Full-Time Annual Salary | $OFFERSUPER |
| Faculty Base | $OFFERSUPPLEMENTARY\_TEXT02 |
| Additional One Month | $OFFERSUPPLEMENTARY\_TEXT03 |
| Administrative Supplement | $OFFERSUPPLEMENTARY\_TEXT01 |
| Union Info | <http://www.uconnaaup.org/> |

Your salary is based on a ten-month appointment and paid biweekly over twelve months. This appointment as Department Head is a five year appointment, subject to annual review as described in Article 15 of the current AAUP collective bargaining agreement.

The University applies salary increases proportionately to each component of your salary, with the exception of promotional increases, which apply only to base. Should you not continue as Department Head, you will return to a nine-month faculty appointment and your salary will be adjusted to the base faculty rate in effect at that time.

On occasion, faculty members have the opportunity to earn additional compensation during the winter or summer sessions at our Storrs campus or any one of our regional campuses. Earnings may not exceed the twelve-month equivalent of your nine-month faculty base salary under the [Policy on Faculty Compensation.](https://policy.uconn.edu/2011/05/24/extra-compensation-for-full-time-faculty-in-aaup-policy-on/)

Your benefit and retirement elections will continue unchanged. Please contact the Employee Benefits Department at benefits@uconn.edu or (860) 486-3034 should you have any questions. Your University Network Identifier, known as a Net ID, will remain the same.

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. The policy, related documents, and training materials may be found at <http://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.

**[Licensure needed, if applicable]** Your position requires that you have a current and active **[Specify licensure or certification]** as a \_\_\_\_\_\_\_. This requirement continues throughout your employment in this capacity and loss of this important credential may jeopardize your continued employment. It is your responsibility to advise us of any change in the status of your license.

I am delighted that you are willing to take on the assignment of JOBTITLE. You will be joining an outstanding group of Department Heads who are committed to bringing the University to the next level in academic distinction. I know you will be a valuable member of this team and I look forward to working with you to achieve all of our goals for the **[College/School, Regional Campus, Unit, Department].**

Please indicate your acceptance of the offer electronically no later than three business days from the date you received the letter.

Sincerely,

SIGNEDBYFNAME SIGNEDBYLNAME

Dean

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/)

[Faculty Compensation](https://policy.uconn.edu/2011/05/24/extra-compensation-for-full-time-faculty-in-aaup-policy-on/)

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

[Promotion, Tenure, Reappointment](https://provost.uconn.edu/faculty-and-staff-resources/promotion-tenure-reappointment/)