FIRSTNAME LASTNAME

STREET1

CITY, STATE ZIP

Dear FIRSTNAME:

I am pleased to offer you a continuation of your employment at the University of Connecticut. Unless you are advised to the contrary in writing, your last day with us will be the end date listed below.

|  |  |
| --- | --- |
| Job Title |  |
| Classification/Job Template |  |
| Department |  |
| School/College/Division |  |
| Executive Division |  |
| Supervisor |  |
| Building Location |  |
| Appointment Term |  |
| Percent Employed |  |
| Full-Time Annual Salary |  |
| Continuation Start Date |  |
| Continuation End Date |  |
| Union Info | [www.ucpea.org](http://www.ucpea.org) |

All other terms and conditions of your employment remain the same.

Please indicate your acceptance of this continuation no later than five business days from the date you received the letter.

Sincerely,

Supervisor Name

Supervisor Title

By accepting this appointment, I agree to continue to adhere 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/).

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Signature Date