DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear Applicant Name:

I am pleased to advise you that you have been appointed as a member of the University’s adjunct administrative professional staff in JOBDEPARTMENT.

This is a temporary appointment, which will be effective OFFERSTARTDATE and is anticipated to continue through OFFERENDDATE. Your compensation will be based on an annualized amount of $OFFERSUPER.

Your job responsibilities will include (insert position details here). This is not an exhaustive listing of your job responsibilities.

While the appointment to these responsibilities is anticipated for the above stated period, please understand that your employment with the University is on an at-will basis and you have the right to terminate your employment at any time, with or without notice, for any or no reason. Likewise, the University retains the same rights. Nothing in University practice or policy should be construed to entitle you to a continuing employment or employment for a specified amount of time.

This appointment is contingent upon the University’s approval of its background screening. Additionally, this appointment is subject to the provisions of the Administrative Manual as this Manual may be amended from time to time.

The Immigration Reform and Control Act of 1986 require new employees to present proof of identity and verification of employment eligibility by completing a Form I-9. You will receive a packet of information on this and other important employment forms from Human Resources.

You will receive a parking sticker from the Department of Public Safety. If you do not receive yours before you start work, you can stop by the Department of Public Safety and pick up a temporary parking permit.

You will be contacted by the Human Resources Office to schedule your benefits orientation. Your benefits are effective the date of your hire. You will also be invited to attend a new staff orientation.

I look forward to contributions you will make to our department.

Sincerely,

Dean/Appointing Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Dean/Appointing Officer

 Human Resources

 Budget Office

Position #

FOAP