[Click here and type preferred name]

Dear [Click here and type preferred name] :

I am very pleased to offer you the position of in the at the University of Minnesota. This is a temporary position governed by the collective bargaining agreement between the University and AFSCME Locals 3800 and 3801 Council 5, AFL-CIO, the most current version of which is available online at [z.umn.edu/AFSCME\_clerical\_contract](https://z.umn.edu/AFSCME_clerical_contract) . The legal name, address and phone number of the employer is University of Minnesota, 100 Donhowe Building, 319 15th Ave. SE, Minneapolis MN 55455; (800) 756-2363.

[If applicable, add this section] The University recognizes that your preferred name is [Click here and type preferred name] , however for the purpose of taxes and other legal documents outlined at <https://z.umn.edu/LegalName> we are required to include your legal name, [Click here and type legal name] , in this document.

The specifics of this offer are outlined below:

* This is a percent time temporary position starting and ending no later than , contingent upon the availability of work and funds for the position and on the acceptability of your performance.
* This position has a six-month probationary period. If the position ends after you pass the probationary period, your name can be placed on the layoff list according to your accumulated seniority and you can be eligible for reemployment and recall rights.
* Your annual salary is with an hourly rate of . The pay period is 14 days in length and you will be paid bi-weekly (every other Wednesday). You may expect your first paycheck on . Eligibility for shift differential pay is outlined in Article 19 of the collective bargaining agreement. Be sure to consult the current collective bargaining agreement for information about potential changes in salary (see the link in the first paragraph).
* This position is non-exempt under the federal Fair Labor Standards Act and applicable Minnesota law, which means you are eligible for overtime pay for all hours worked over 40 in a work week. Other pay provisions are described in the collective bargaining agreement. All overtime hours must be pre-approved by your supervisor.
* As a University employee you are covered by the Minnesota State Retirement System. You may also qualify for health, dental and life insurance programs. A summary of benefits that are tied to this position may be viewed on the web at <https://hr.umn.edu/Jobs/Applicant-Center/About-Working-U/Benefits-Summaries-Prospective-Employees>.
* Deductions will be taken from your paycheck as required by law for federal and state income tax withholding. There will be a deduction of 6.2% for Social Security (Old-Age, Survivors and Disability Insurance) up to the applicable income limit, 1.45% for Medicare and 6.0% for the Minnesota State Retirement System. You may elect voluntary deductions for employee benefits.
* This appointment will provide vacation and sick leave benefits as described in Articles 16 and 17 of the collective bargaining agreement.
* Federal law requires that all employees be authorized to work in the United States. This employment offer is contingent upon verification that you meet this requirement. In addition, if you are here on a non-immigrant visa, you must be authorized specifically to work at the University of Minnesota. Regardless of your citizenship status, you must: 1) complete and submit Section 1 of the I-9 Form found at [http://www.newi9.com](http://www.newi9.com/) on or before your first day of work for pay, 2) provide the required I-9 documentation described on the I-9 form to establish your identity and authorization to work on or before your first day of work for pay, and 3) receive confirmation from the University that your documentation satisfies the federal law requirements. **Your employment, including any rights and privileges afforded under the University's codes, policies, and agreements applicable to your position, does not begin until all of these steps have been completed. If you report to your first day of work without the required I-9 documentation, you will not be allowed to start work, or remain in the workplace until you present the required documents.**
* Please review the “Required Proof of COVID-19 Vaccination or Exemption” addendum and be prepared to bring acceptable proof of vaccination or completed request for exemption on your first day of employment. [Make sure to include the [“Required Proof of COVID-19 Vaccination or Exemption”](https://hr.umn.edu/sites/hr.umn.edu/files/2022-05/required_proof_of_covid-19_vaccination_or_exemption_addendum_12.1.21.pdf) addendum to the offer package.]
* This offer is contingent on the successful completion of a background check. You will receive an email from the University’s background check vendor, HireRight, that will include the link to enter your personal information and authorization for the check. Please enter your information as soon as possible after receiving the link from HireRight Customer Support.
* You are responsible for continuing to comply with any and all licensing, certification or other requirements for the position.
* You have a right to review your personnel file once every six months while employed with the University of Minnesota. To exercise this right, you must submit a written request to review your file to . If, after reviewing your file, you dispute specific information, please inform your . The University may agree to remove or revise the disputed information. After you have had an opportunity to review your file, you may make a written request for a copy of the record at no cost to you.

I encourage you to visit the University’s New Employee website <https://hr.umn.edu/Welcome-New-Employees> to explore a variety of resources for new employees. For parking and transportation information, refer to <https://www.pts.umn.edu> or call (612) 626-7275..

Please sign below to indicate that you have read and understand the provisions of your temporary appointment as explained above. This letter will be placed in your employee file.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date Signed)

cc: Employee File

This document contains important information about your employment. Check the box at left to receive this information in this language.

Table

Description automatically generated