[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 continuing staff position governed by the collective bargaining agreement between the University and the Minnesota Teamsters Public and Law Enforcement Union Employees Union Local 320 which is available online <https://z.umn.edu/teamsters_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 appointment, month continuous appointment.
* The mutually agreed upon start date for this appointment is . Days and hours of work are . Please report to . A map is enclosed for your convenience.
* In this position you will serve a probationary period of .
* 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 22 of the collective bargaining agreement.
* 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 to you as described in Article 18 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> 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.
* 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.

(OPTIONAL – IF A CURRENT ACCURATE JOB DESCRIPTION EXISTS: Attached is a job description generally describing the current responsibilities of this position; they are subject to change.)

I encourage you to visit the University’s New Employee <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.

I would be happy to answer any questions you may have or provide clarity on your appointment. Should you decide to accept this position, please sign and date the original of this letter indicating that you have read and fully understand the provisions of your employment as explained in this letter. A copy of this letter is enclosed for your records. Please proceed to make an appointment with at so that appropriate documents connected with your acceptance of this new position may be completed.

We look forward to working with you and anticipate that your employment here will be rewarding to both you and .

Sincerely,

I accept the position of in the and acknowledge receipt of this offer letter.

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Signature Date

cc: Employee File

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



**Required Proof of COVID-19 Vaccination or Exemption**

To comply with the University’s Administrative Policy: COVID-19 Vaccination and Safety Protocol Requirements for University Employees and Student Workers, on your first day of employment you must submit documentation as follows:

* Proof that at least 14 days have passed after administration of a single dose of the Janssen/Johnson & Johnson vaccine, or 14 days have passed after administration of the second dose of any other acceptable COVID-19 Vaccine; OR
* A completed request for an exemption using either the [medical exemption form](http://z.umn.edu/ppov_med_exempt) or [religious exemption form](http://z.umn.edu/ppov_religious_exempt).

Acceptable COVID-19 Vaccines are those approved or authorized for use by the U.S. Food and Drug Administration or World Health Organization to prevent COVID-19. Vaccines meeting this definition currently include Pfizer-BioNTech (Comirnaty, Tozinameran), Moderna (Spikevax), Janssen/Johnson & Johnson, AstraZeneca/Oxford (Vaxzevria), Bharat Biotech/Covaxin, Serum Institute of India/Covishield, Sinopharm/Beijing (Covilo), and Sinovac/CoronaVac.

Acceptable proof of vaccination includes the following documentation:

* A digital image of the covered individual’s completed [CDC COVID-19 Vaccination Record Card](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccination-card.html) (must be the card provided by the medical provider or pharmacist that administered the shot(s)); OR
* A digital image of the covered individual’s record of COVID-19 vaccination from the [Minnesota Department of Health Minnesota Immunization Connection (MIIC)](https://www.health.state.mn.us/people/immunize/miic/records.html) or another official state immunization information system. Covered Individuals can link to this system using the [Docket app](https://www.health.state.mn.us/people/immunize/miic/records.html), which is available for multiple phone and computer platforms; OR
* A digital image of the Covered Individual’s record of COVID-19 vaccination prepared by the health care provider or pharmacy that administered the shot(s)