[Click here and type preferred name]

Dear [Click here and type preferred name] :

I am pleased to offer you a non-academic short-term position in . Your starting date will be with an ending date no later than . 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.

This appointment is contingent upon the continuing availability of work and funds for the position and on your satisfactory work performance.

[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:

* You will be compensated at a rate of per hour and will be paid on a biweekly basis.
* will be your supervisor.
* You will not have to pay union dues or fair share dues under this type of appointment.
* 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. All overtime hours must be pre-approved by your supervisor.
* 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 and 1.45% for Medicare.
* Under this appointment, you are not eligible for sick leave; vacation; health plan benefits; Regents’ Scholarship; University retirement plans; or layoff rights.
* [Include only for current U of M employees:] Time worked in this position cannot be credited toward eligibility for benefits (i.e., an employee working 70% in a primary position cannot credit hours worked in this position toward meeting the 75% eligibility requirement for benefit entitlement).
* 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.
* For parking and transportation information, refer to <https://www.pts.umn.edu> or call (612) 626-7275.

This constitutes our entire employment offer to you under this appointment. There are no implied or verbal agreements or promises outside of this letter.

I would be happy to answer any questions you may have about this appointment. Please indicate your acceptance of this appointment and the terms listed by returning the original letter, signed and dated. A copy of this letter is included for your records.

I look forward to receiving your favorable reply

Sincerely,

I accept the position of in the and the terms and conditions of employment described in this offer letter.

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(Signature of employee) Date

Enclosure

cc: Employee File

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

Table

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