

LETTER OF INTENT / OFFER LETTER FOR PROFESSIONAL OR SCIENTIFIC APPOINTMENT

August 29, 2007

[Name of applicant]
[Address of applicant]

Dear Sir/Madam:

We are pleased to offer you a [full-time / part-time / ___% time] appointment as a _____ in the _____ Department of the _____ [Name of University].

This offer is made subject to approval by the State Board of Regents, and subject to the continuing availability of funds.

[If an indeterminate appointment, use this paragraph]

If approved, the ___% time indeterminate appointment will commence on _____ *[insert date]*, at an initial annual salary of \$_____ on a fiscal year basis. Annual pay increases are contingent upon successful performance evaluations, availability of funding, and the Dean's decision regarding effective use of school resources. Salary is paid _____ *[set out the pay periods, whether twice monthly (give dates), monthly, weekly, etc.]*.

[OR if the appointment is a limited appointment of one year or less, use this paragraph]

If approved, this ___% time appointment will be a limited appointment which will commence on _____ *[insert date]* and will not extend beyond _____ *[insert date]*, at a salary of \$_____. Salary is paid _____ *[set out the pay periods, whether twice monthly (give dates), monthly, weekly, etc.]*.

Benefits & Expenses

The appointment includes _____ *[list the benefits and the dates on which the applicant will become eligible for each]*.

Please contact the _____ Department at _____ *[insert phone number]* or online at _____ *[insert URL]* for important information regarding your benefits and payroll.

You [will / will not] be reimbursed for your travel, moving or other auxiliary expenses related to your acceptance of the position, [up to a maximum of USD \$_____].

Vacation and Sick Leave

Full-time (100%) appointments earn _____ hours of vacation and _____ hours of sick leave each month. Maximum annual accrual is _____ days of vacation leave and _____ hours of sick leave. Part-time appointments earn a prorated amount of vacation and sick leave.

Verification of Employment Eligibility

For individuals who are new to employment at [Name of University], we must verify your employment eligibility, in compliance with the Immigration Reform and Control Act (IRCA) which requires every employee to complete an I-9 Form and to provide certain documents for examination. A list of acceptable documents is attached. Please submit your documentation to _____ *[insert name and/or office]* within three (3) days of the commencement of your employment. Failure to submit IRCA documentation

THIS IS A 4-PAGE DOCUMENT.