12 June 2015

NAME\_PREFIX FIRST\_NAME LAST\_NAME

ADDRESS1

ADDRESS2

CITY, STATE\_DESCR POSTAL

Dear FIRST\_NAME,

This is official notification that you have been selected to fill the [JOB TITLE] [%] position in the Department of [DEPARTMENT NAME] at the University of Wisconsin-[INSTITUTION] effective [DATE].

On that date, please report to your supervisor, [NAME, TITLE], in [OFFICE LOCATION] at [TIME]. Your normal work hours will be [SCHEDULE], Monday through Friday. [MR. /MS. SUPERVISOR] will provide you with the necessary instructions and guidance on your work assignments and assist you in obtaining a parking permit during your first week of employment. [HE/SHE] will also be responsible for your performance reviews.

Your salary will be [SALARY] per hour. You will be required to serve a six-month probationary period, and upon its successful completion, gain permanent status in the [CLASS] classification.

On [DATE], please report to the Office of Human Resources, [BUILDING ADDRESS, at [TIME], for your initial orientation and the processing of your personnel paperwork.

Your appointment to this position is contingent upon your availability to produce documentation required of all new employees as outlined on the enclosed Form I-9 (Employment Eligibility Verification). Section 1 of this form must be completed and turned into the Office of Human Resources, [BUILDING ADDRESS]. Please bring with you the required documentation on or before your employment start date.

The required documents must be presented, in person, within three (3) days of your employment start date. If you do not have the originals of the necessary documents, you must present a receipt from an appropriate government agency of your request for replacement document(s) within three (3) days of your employment start date, and the original required document itself within ninety (90) days of your employment start date.

This position is exempt under the Fair Labor Standards Act (FLSA) for overtime provisions, i.e. not subject to overtime. It is a non-represented position, i.e. not covered by a union bargaining agreement, and its compensation is covered by [INDICATE COMPENSATION. FOR EXAMPLE: THE CURRENTY FY 2014-15 COMPENSATION PLAN ADMINISTERED BY THE OFFICE OF STATE EMPLOYMENT RELATIONS (OSER)].

Your new position is non-exempt under the Fair Labor Standards Act (FLSA) provision for overtime. Nonexempt means that an employee is subject to the overtime provisions of the state and federal FLSA laws. Should your supervisor assign overtime hours, you will be paid at a premium rate or shall be credited with compensatory time off at a rate of 1.5 hours per hour worked, for all hours worked in excess of 40 hours in a work week.

It is the policy of the University of Wisconsin-[INSTITUTION] to provide reasonable accommodations for qualified persons with disabilities who are employees. If you need assistance or accommodations to perform the duties of your position because of disability, please contact [NAME, TELEPHONE NUMBER].

Please contact [NAME], the Payroll and Benefits Specialist for [TYPE OF STAFF, I.E. UNIVERSITY STAFF] Staff, at [PHONE NUMBER], to review your benefits as a probationary employee with the State of Wisconsin. Contact should be made at your earliest convenience to ensure that proper enrollment deadlines are met.

Please indicate your acceptance of this appointment by signing and returning this letter by [DATE]. The enclosed copy is for your records. Also enclosed are a number of payroll forms which you must complete and return to establish your payroll record.

Prior to your first day, please feel free to check out our online new hire resources: [HYPERLINK IE. <http://www.uwsuper.edu/hr/orientation/index.cfm>]. This information is intended to help you get acquainted with the university and become comfortable in your new role in our community.

We hope you will enjoy your new position and that it will prove to be both a challenging and rewarding experience for you.

Sincerely, ACKNOWLEDGEMENT:

 I accept the terms of this appointment.

[ENTER NAME] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Human Resources [ENTER NAME] Date

[INITIALS OF PREPARER]

Enclosures [COPY OF CONTRACT LETTER; FORM I-9; PAYROLL FORMS]

cc Payroll [COST CENTER], ORG Dept:

 Certification File #

 [NAME], Supervisor

 [NAME], Budget

 Personnel File