**EMAIL DRAFT TO YOUR HR BUSINESS PARTNER FOR APPROVAL BEFORE ISSUING LETTER**

**LIMITED APPOINTMENT FOR CURRENT EXEMPT UNIVERSITY STAFF EMPLOYEE**

[date]

[name and address]

Dear [name]:

On behalf of the [name of Department/Center], it is my pleasure to confirm your appointment as [title] (with the business title of [business title]). This is a [percentage]% limited appointment starting on [start date]. Your gross biweekly pay will be $[biweekly rate], which is based on a full-time annual (twelve-month) rate of $[salary] at [percentage]% time. The position has been identified as limited because of your involvement in policy matters and the closeness of your relationship to principal campus administrators. Such positions are for an unspecified period of time and serve at the discretion of the [dean/director]. The operational area of your appointment is the [operational area] and [name of supervisor] will be your supervisor.

Because you currently hold an exempt position within UW-Madison, by accepting this position you will be choosing to receive a concurrent academic staff appointment. This appointment will be a renewable zero-percent appointment. Should your limited appointment end, you will be placed in the concurrent academic staff appointment, not a university staff appointment, and your responsibilities, title and salary level will be determined at that time. By accepting the limited position, you are acknowledging you are aware of the fact that you will not be returned to a university staff position.

This offer of employment is conditional pending the results of the reference check process that includes questions regarding sexual violence and sexual harassment. If the results are unacceptable, the offer will be withdrawn or, if you have started employment, your employment will be terminated.

Your principal duties are outlined in the attached Position Vacancy Listing [pvl#]. In general, you are responsible for the organization, management, and supervision of the UW-Madison’s office of [name of Department/Center].

*(Add this paragraph if in a position of trust with access to vulnerable populations)*

Your position has been identified as a position of trust with access to vulnerable populations. The UW-Madison requires that a criminal background check (CBC) be conducted [every four years on all current employees and volunteers who hold a position of trust with access to vulnerable populations] **OR** [two years on all current employees and volunteers who hold a position with precollege camps]. It is also required that all employees and volunteers with this access must self-report any criminal arrests, charges, or conviction (excluding misdemeanor traffic offenses punishable only by fine) to the divisional Background Check Coordinator [HR Business Partner]. This report must be made within twenty-four (24) hours or at the earliest possible opportunity. Please note that failure to make the required report would constitute a violation of this policy and may result in a disciplinary action, up to and including dismissal. These requirements are to safeguard the campus community for students, employees and visitors.

*(Add following two paragraphs if benefits eligible and new enrollment opportunity—remove if not needed)*

Enclosed is a document entitled, *Letter of Offer Attachment,* and a summary of benefits available to limited appointees. Detailed information about benefit plans may be found at <https://hr.wisc.edu/benefits/>. A benefits walkthrough tool can be found at <https://uwservice.wisconsin.edu/ebenefits/>.

**I recommend that you review the benefits information carefully.** Since the enrollment period for many of the benefit programs is within 30 days of your employment begin date, please see [name of benefits coordinator] within the first few days of your appointment begin date to avoid any loss in benefits or the need to provide evidence of insurability.

*(Add this paragraph if benefits eligible and does not provide a new enrollment opportunity—remove if not needed)*

Your benefits will continue uninterrupted. Please see [name of benefits coordinator] if you have any questions concerning your benefits.

*(Add this paragraph if appointment is not benefit eligible—remove if not needed)*

This appointment is not benefits eligible.

Please refer to the Letter of Offer Attachment for additional terms of employment and information of which you need to be aware. By beginning your appointment/employment at the University, you agree to be bound by the terms of employment contained in this letter and the Letter of Offer Attachment. You may be required to verify your identity and work authorization within three days of your first day of employment as required by federal law. If required, please note that Section 1 of the Form I-9 must be completed electronically on or before your date of hire. Also see [name of I-9 coordinator] in the departmental office within three days to complete the I-9 form. Please refer to the attachment for a list of documents that you may use.

(*Add this paragraph if on J-1 visa)*

Please note: Applications for individuals seeking J-1 immigration status sponsored by the University may be subject to additional screening activities to ensure compliance with the federal export control regulations. If you have questions about export control regulations, please contact the University’s [Export Control office](https://research.wisc.edu/integrity-and-other-requirements/export-control/).

As a limited appointee, you hold a leadership position on this campus and are expected to be fully informed about how to handle questions and situations involving sexual harassment, assault and consensual relationships. The chancellor requires all limited appointees to attend a workshop providing information regarding these issues. You will receive an e-mail from the Office of the Provost with information about upcoming workshops. Please sign up and attend a session as soon as possible.

It is the policy of UW-Madison to provide reasonable accommodations for qualified individuals with disabilities. If you need a reasonable accommodation to perform the essential functions of your position, please contact [HR Associate Director], Divisional Disability Representative (DDR) at [HR Associate Director phone number] or [HR Associate Director email]. The DDR is the person authorized to receive and maintain confidential medical information in our College. More information can be found at the following website: <https://employeedisabilities.wisc.edu/>

All employees, faculty and staff are strongly encouraged to help make the University a drug-free workplace. You can do this by learning about substance abuse (its dangers and warning signs), encouraging others to avoid substance abuse, and getting help if you need it—either for yourself or for someone you are concerned about. Please review the “UW-Madison Compliance with the Drug-Free Schools & Communities Act”, which is provided to all employees as part of their orientation to the university community. This document can be found at: <https://alcoholanddruginfo.students.wisc.edu/dfsac-act/>.

UW-Madison prohibits discrimination against applicants, employees, students and visitors to campus who wish to participate in university programs or activities. Information about relevant law, policies, resources and complaint procedures and protected bases is available at: <https://employeedisabilities.wisc.edu/>.

If you have any questions about your appointment, our onboarding coordinator, [onboarding coordinator name and email], is available to assist you. You have also been assigned a peer partner, [peer partner name and email], who will be available to offer advice and guidance regarding the day-to-day aspects of working at UW-Madison. They may be in contact to welcome you to your new role or will meet you in person once you begin your appointment.

I look forward to working with you. Please do not hesitate to call me if you have any questions about your appointment.

Sincerely,

[name of person signing letter]

[title of person signing letter]

Enclosures:

Offer Letter Attachment with List of Acceptable Documents for I-9

Benefits Summary for Limited Appointees *(Remove if not benefits eligible)*

Position Vacancy # [pvl#]

[UWS 15](http://docs.legis.wisconsin.gov/code/admin_code/uws/15)

xc: [name of any individuals to be copied]