

INTERNAL HIRE, EXCLUDED BU 8

Date

Salutation + Name
Street Address
City, State, Zip Code

Dear Salutation + Last Name:

I am pleased to confirm the offer for the position of _____ (Career Group) (functional title), Position No. _____, Pay Band __, Step ___ with the School/College of _____, (department/division optional), University of Hawai‘i at Mānoa (UHM). As an UHM employee, you will perform, but not limited to, the duties listed in the enclosed position description. This position is excluded from collective bargaining unit 8, Administrative, Professional and Technical (APT) employees with the Hawai‘i Government Employees Association (HGEA) due to the nature of work.

Pay days are on the 5th and the 20th of each month. If either of those days falls on a weekend or holiday, the pay day is the work day prior. Due to the State of Hawai‘i payroll lag, your first paycheck is targeted for ___(date)___, subject to submittal of all necessary pay documents by designated payroll deadlines.

<Select appropriate language, given the appointee’s employment status>

For those on probation: As an APT employee, you will continue to serve your three (3) year probationary period.

For those with employment security: You will be subject to a new six (6)-month probationary period.

In addition, this position will be reviewed annually by a formal performance evaluation based on established University policy. You will be an employee of the University and shall be responsible to fulfill the duties of the position in accordance to the Board of Regents Policies and By-Laws, Executive Policies, and Administrative Procedures, and shall be entitled to the rights, privileges, and benefits of University employees. These policies are available at <https://www.hawaii.edu/policy/> for your perusal.

As a University of Hawai‘i employee, your benefits include State of Hawai‘i retirement plan, health plans (medical, vision, drug and dental) with employer shared premium costs, vacation and sick leave, deferred compensation and tax deferred annuity programs, flexible spending account program, etc. Based on your employment status, your mandatory membership into the

Employee Retirement System (ERS) will continue with monthly contributions through payroll deduction.

As standard hiring policy, you will be required to provide us a written tuberculosis (TB) clearance prior to your start date. This clearance will be a condition of your employment. The TB clearance may be obtained through a licensed practitioner, the state Department of Health, or the University of Hawaii's Health Services. The Department of Health Centers provides skin tests and chest x-rays free of charge. As such, there will be no medical reimbursement should you choose to obtain the clearance from your licensed practitioner, UH Health Services, or alternative clinics. TB clearance from foreign countries will not be accepted. [Remove TB section if not applicable to your department.]

In addition, by federal law, the University is required to verify the identity and work authorization of all new employees. Accordingly, this offer is contingent upon your appropriate work authorization, your completion of the Form I-9 (Employment Eligibility Verification) and our verification no later than your third work day. An incomplete Form I-9 beyond the third work day will unfortunately terminate this appointment.

For education verification purposes, you will be required to provide an official transcript, certifying your highest academic degree (copies will not be accepted) prior to your start date. This document shall be written in English. The transcript should be mailed directly to (name of department HR/AO personnel), University of Hawai'i at Mānoa, (complete mailing address), Honolulu, Hawaii 96822.

Please confirm your acceptance of this employment offer by signing and returning a copy of this offer letter by (date) . As discussed, your first work day is (date) . Please report to (person/location). We look forward to the contributions you will be making to the School/College of _____, University of Hawai'i at Mānoa. If you have any questions, please contact me at _____.

Sincerely,

Name of Appointing Authority
Official Title of Appointing Authority

I accept the offer of employment, conditional upon my completion and submittal of the required documentation.

Name

Date