Date

Dear First and Last Name,

It is with great pleasure that I extend to you this offer of employment at the University of North Alabama.

**Position Overview**

I am pleased to inform you that you have been selected for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ position with in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This offer of temporary employment is for the 2021-22 academic year effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This offer of employment is limited to appointed day-to-day assignments as late as May 31, 2022 with consideration for summer employment and/or the upcoming academic year. Consideration for continued employment will be given with acceptable performance in academic courses and work assignments.

**Compensation and Benefits**

The monthly/hourly rate offered to you in this capacity shall be at the rate of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for up to 29 hours per week, and will be paid on a monthly basis via direct deposit. You will receive a tuition scholarship up to 6 credit hours for the fall and spring semesters. I regret to inform you that additional benefits are not offered to student employees. As a student employee, you are responsible for paying federal and state taxes. You are exempt from paying FICA tax (Social Security, Medicare, etc.) during periods of enrollment of six credit hours or more.

**Work Schedule**

In this position, you will report to Supervisor’s Name, Title. In this campus based position, you will be expected to work a normal workweek of no fewer than 29 hours from Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m.

**Employment Eligibility and Contingency**

This job offer is contingent upon verification of enrollment, completion of an Employment Eligibility Verification (I-9) form, and receipt of required documents. This position carries "at-will" employment status. Neither you nor any University representative has entered into a contract regarding the terms or the duration of your employment. The terms of the appointment can change due to changing institutional needs such as budgetary concerns, reorganization, position elimination, etc. This means that your employment can be terminated with or without cause at any time at the option of either the University of North Alabama or you.

If you wish to accept this part-time temporary employment, and agree to all of the terms and conditions thereof set out in this letter, please indicate your acceptance of this offer under the terms described above by signing this document.

Sincerely,

Supervisor’s Name

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Employee Name Date