##### Department Letterhead

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## Name

Department

Campus Box

Employer ID Number: 846000555

RE: Letter of Offer - Appointment to Position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Name,

The University of Colorado at Boulder (“University”), Department of \_\_\_\_\_\_ (“Department”) is pleased to offer you a \_\_\_% time, \_\_\_ hrs/wk (.\_\_ FTE) (Research Assistant, Graduate Assistant, etc.) appointment during the summer \_\_\_\_\_\_ term. The compensation for this appointment is $ (semester amount) with a maximum of X hours of tuition credits for the semester. The contract period for this work runs from May 16, (yr) to August 14, (yr) with salary being paid out at the end of each month. You will receive approximately ½ month’s salary in May, two equal payment in June and July and another ½ month’s salary in August. You will receive remission of all mandatory student fees if you are enrolled during the summer. Your supervisor for this position is (NAME – if not known enter chair’s name here) (telephone # of supervisor- can be department phone #)

In this position you will be required to perform the following duties, including, but not limited to (list job duties):

The following are additional terms and conditions applicable to your appointment:

* If you are enrolled for less than 3 credit hours you will be subject to mandatory student retirement deductions. See <https://www.cu.edu/employee-services/benefits-wellness/student-employee/student-employee-retirement-program> for further details.
* If you are an incoming student, eligibility to hold this position is dependent on verified enrollment for the fall term immediately following.
* All domestic non-resident graduate students (including permanent residents) must obtain Colorado in-state tuition classification prior to the start of their second year of employment as a graduate student. Failure to do so will result in ineligibility for tuition coverage, starting with the following semester.
* Courses taken through Continuing Education, Extended Studies, or Outreach programs do not qualify for tuition coverage.
* Courses taken not for credit (audited course) do not qualify for tuition coverage.
* Withdrawal from a course after the census date will result in loss of tuition coverage for that course and student will be responsible for payment.
* Tuition remission is provided for the purpose of supporting the scholarly pursuits of graduate students who work at least five weeks during the summer semester and maintain satisfactory academic progress toward their degrees. If you work less than five weeks you are not eligible for tuition coverage.
* If you were not enrolled in the Student Gold Plan during the spring semester immediately preceding this appointment and enroll for the summer, there is no contribution towards that cost as part of your summer appointment.
* You will receive all University holidays as paid leave. You are ineligible for paid vacation. You are eligible for [sick leave](https://www.colorado.edu/hr/leave#sick-89) the amount of which will depend on your level of appointment. [Information on sick leave related to COVID-19](https://www.colorado.edu/hr/covid19/hr-processes#leave_amp_payroll_for_faculty_staff_researchers_grad_students_and_student_employees_-759).
* You agree to comply with all resolutions, rules, and regulations adopted by the Board of Regents, and with policies and regulations adopted by the University, the Boulder Campus, the Graduate School, the Department, school, college, or other unit in which your appointment is made consistent with the policies and procedures of the University.
* The terms of this appointment shall be construed and interpreted according to the laws of the state of Colorado. This appointment is subject to the laws and policies of the University of Colorado, as they may be amended from time to time. To the extent that the laws and policies of the University conflict with state or federal laws, state or federal laws shall prevail.
* If your work involves export-controlled technology, your employment may be contingent upon obtaining an export license from the Departments of State, Commerce or Treasury. The Office of Export Controls (303-492-2889) can assist in making this determination and applying for a license.

* Once your appointment has been approved, the specific terms and conditions of your appointment, as described in this letter of offer, may be changed only by a duly executed written addendum to this letter of offer. The University, may, however, make changes to its employment policies that affect all employees or certain classes of employees and these shall become effective without the necessity of a written addendum to this letter of offer.
* Please note that all employees are required to self-disclose post-employment criminal convictions or felony charges filed against them within three business days of the conviction or felony charge to the Human Resources Background Check Coordinator (hr-bgc@colorado.edu). Employees with driving responsibilities are also required to self-disclose suspension or revocation of a driver’s license within three business days. Employees failing to self-disclose may be subject to disciplinary action, up to and including termination. Your signature on this letter represents your agreement to comply with this self-disclosure requirement.

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State of Colorado law specifically provides that you be an employee-at-will in this position and that the following paragraph be included verbatim in this letter of offer; the provisions of this paragraph shall supersede and control any conflicting provisions of any University policy or employee handbook:

*Your employment contract is subject to termination by either party to such contract at any time during its term, and you shall be deemed to be an employee-at-will. No compensation, whether as a buy-out of the remaining term of the contract, as liquidated damages, or as any other form of remuneration, shall be owed or paid to you upon or after termination of such contract except for compensation that was earned prior to the date of termination.*

Please indicate your intention to accept this offer by signing below on the appropriate line, and returning the original to [department contact name], \_\_\_ UCB, by [specific date].

Sincerely,

[Chair Name]

Chair, Department of \_\_\_\_\_\_\_\_\_\_\_\_

I accept this offer as stated above.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Candidate’s e-mail address