# CONDITIONAL OFFER LETTER TEMPLATE FOR AUXILIARY FACULTY . MUST BE ATTACHED TO NOTICE OF FACULTY APPOINTMENT AND EMPLOYMENT AGREEMENT

***Date***

***Candidate Name***

***Candidate Address***

Dear [***Candidate Name***],

I am pleased to extend to you a formal offer of employment as the [***Position Title***] for Western University of Health Sciences (WesternU). We believe your background will be a positive asset to the [***Department Name***] and WesternU.

Your appointment will begin on [***Date of Hire***]. Your responsibilities in this position are outlined in the job description you have reviewed upon application for the position. You will also be supplied a hard copy to sign during your employee orientation. Modifications to this position may occur as situations warrant and at the discretion of the University. This is a regular status, [***full time or part time***], exempt appointment, **coterminous with available grant funds.** Your initial base salary for this position will be $ [***Annual Rate***]. There are 26 pay periods per year. All forms of compensation referred to in this letter are subject to applicable withholding and payroll taxes.

As the [***Position title***] you will report directly to [***Supervisor Name*** ], [***Supervisor Title***].

You will receive a copy of the WesternU Handbook which will provide general information about WesternU’s Human Resource policies. You also will be scheduled to attend a Human Resources Benefits/Orientation Program, where you will be presented specific information about Human Resources policies and benefits coverage eligibility/enrollment procedures.

Exempt full-time employees (fte) will accrue one day of vacation for each of the 26 pay periods up to a maximum accrual of 48 days. Regular eligible part-time employees who are scheduled to work twenty (20) hours (.50 fte) per week or more earn a prorated amount of vacation time based on their fte. WesternU observes 10 holidays per year. Regular part-time employees who are scheduled to work twenty (20) hours per week or more, will receive prorated holiday time. **Due to grant funding requirements, employees who are on a grant, are required to use their accrued vacation time before the end of the grant.**

Health insurance is provided for all regular full-time and part-time employees actively working a minimum of 30 hours per week. Eligible employees are entitled to health care coverage on the first day of the month following the hire date. If hire date is the first day of the month then benefits are effective that day. The following link reviews WesternU’s benefits: <http://www.westernu.edu/hr/hr-benefits/>. Employees of WesternU may purchase a WesternU parking permit for use in specified parking lots. The parking fee is determined by the parking option that you elect.

The University offers a 403(b) Plan for eligible employees (generally employees who are scheduled to work at least 20 hours per week and who are not students). As a condition of employment, you must contribute 1% of our compensation to the Plan on a pre-tax basis. The University will contribute 1.5% of your compensation. You may defer additional amounts to the Plan on a pre-tax, or Roth after-tax basis. The University will match the first 4% of your elective deferrals as follows:

Employee Elective Deferrals University Matching Contribution

1% 1.5%

2% 3.0%

3% 4.5%

4% 6.0%

As is required by WesternU policy, you will serve an introductory review period in your new position of 90 calendar days (3 months) beginning on your date of hire. Your performance will be reviewed prior to the conclusion of your introductory period. If you and WesternU mutually agree at the conclusion of your introductory period, your employment in this position will convert to regular status. However, the completion of the introductory period does not affect the at-will nature of your employment.

By executing this letter, you hereby acknowledge and confirm that you have not entered into any agreement with your current or any former employer, and are not otherwise subject to any restrictions, that would limit or restrict in any manner your ability to (i) perform your duties as an employee of WesternU, or (ii) compete with your current or any former employer.

Please note that this offer of employment is conditioned upon the successful completion of a background screening process, if applicable. WesternU reserves the right to rescind and/or terminate any offers of employment and/or employment agreements with you should 1) you fail to complete the requisite steps associated with this letter and/or 2) the results of your background screening are not successful. Furthermore, pursuant to federal law, this offer of employment is contingent on you furnishing satisfactory evidence of identity and legal authority to work in the United States. In compliance with these laws, you must complete a Federal I-9 form. The completed, signed form, along with the required documentation showing your identity and legal authority to work in the United States, will be coordinated with you by the Employment area in our Office of Human Resources for inspection on the first day of employment. **Failure to provide this documentation may result in a rescinded/revoked offer of employment.**

***This offer is valid for seven days from the date of receipt of this letter, after which time this offer becomes null and void*.**  If you wish to accept this employment offer and the

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The University has the right to change the amount of its matching contribution at any time.

terms and conditions stated herein, please return to me a signed copy of this letter within the seven-day effective period.

If you have any questions regarding this offer, please contact [\_\_\_\_\_\_\_\_\_\_\_\_] at [\_\_\_\_\_\_\_\_\_\_\_\_].

[ ], on behalf of me, the Western University Team, and all staff and faculty, we look forward with great anticipation to you joining our team!

With Best Regards,

*Hiring Authority*

*Title*

Endorsement:

I accept and understand the employment terms outlined above.

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

Signature

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