DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear NAME:

On behalf of the University of Nebraska at Omaha, I am pleased to offer you temporary/Part Time employment as POSITION for DEPARTMENT. Your starting date is MONTH, DAY, YEAR, your full-time equivalency (FTE) percentage is FTE, the number of hours to be worked is NUMBER, and your hourly/monthly wage will be $AMT. The end date for this appointment will be \_\_\_\_\_\_\_\_\_\_\_ or no later than \_\_\_\_\_\_\_\_\_\_. Attached is a brief job description.

As a UNO employee, you must also satisfy all Federal employment eligibility requirements. If you accept this offer, you must complete tax forms and a Form I-9 in order to receive payment. The Form I-9 is the employment eligibility verification form. **You are required to complete Section 1 of the Form I-9 on or before your first day of work. Complete it at:** [**http://www.newi9.com/**](http://www.newi9.com/)**. Enter 15249 for the Employer Code.** Please be prepared to present the appropriate original documents establishing your identity and employment authorization within three (3) business days of the date employment begins.

Unless otherwise expressly stated in a written appointment to a position or in a written contract of employment duly approved and executed by UNO, all non-faculty employees are considered employees at will, and either UNO or the employee may terminate the employment relationship upon giving the proper advance notice.

The University’s benefits package is not available to employees with an appointment of less than six months and an FTE percentage under fifty.

Please acknowledge your acceptance of this offer by signing the enclosed copy and returning it to me by fax at 402-554-FAX-EXT or e-mail at EMAIL ADDRESS.

Sincerely,

MANAGER NAME, TITLE

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

Acknowledgement & Acceptance:

I accept the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the terms and conditions stated above.

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