DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear NAME:

On behalf of the University of Nebraska at Omaha, I am pleased to offer you employment as POSITION for DEPARTMENT.

This position is a REGULAR, FULL-TIME OR PART-TIME grant-funded Managerial/Professional special appointment. Your starting date is MONTH, DAY, YEAR, and your starting salary will be $AMT per month, which is an annualized rate of $AMT.

The resources for this position are the result of a grant or other form of temporary funding. In addition to the required performance standards, appointment to this position beyond (date) is contingent upon successfully securing additional temporary funds.

New employees come to UNO in a probationary status. The probationary period is 180 days. At the conclusion of that time, you will receive a formal written evaluation of your work performance, which will include a summary of what has been discussed with you informally throughout the 180-day period.

In order to assist you with your university relocation from [City, State] to [City (new location)], Nebraska, the [College] and [Department] will provide a relocation allowance of $ XXXX to cover expenses related to your move and housing search. The payment will  be processed  once you are in an active pay status on the university’s payroll.  Per IRS regulations, the amount of the allowance is considered taxable income and the applicable taxes will be withheld when the allowance is paid.  It will also be reported on your Form W-2.  You will be responsible for arranging your move and direct payment of all expenses related to the move including house hunting trips.   The University may have contracts established with certain commercial moving companies, so please contact our procurement department (contact info) before you make arrangements if you wish to benefit from the negotiated rates. Please contact DEPT CONTACT NAME (phone: XXX-XXX-XXXX or EMAIL ADDRESS) for any other information regarding moving arrangements.

As a UNO employee, you must also satisfy all Federal employment eligibility requirements. If you accept this offer, you must complete tax forms and an **electronic 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.

Information about the University’s various benefit programs is available online at: <https://www.unomaha.edu/human-resources/benefits-and-wellness/index.php>. For your convenience, UNO policies are also online at: <https://www.unomaha.edu/campus-policies/index.php>.

If you have questions, please call me at 402-554-PHONE-EXT.

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.

We are excited to offer you this position and on behalf of the DEPARTMENT, I would like to welcome you to the UNO team!

Sincerely,

MANAGER NAME, TITLE

Acknowledgement & Acceptance:

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

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