REQUIRED TEMPLATE - LETTER OF OFFER

**UNCLASSIFIED STAFF – Non-ACADEMIC**

**2015 - 2016**

<Date>

<Recruit Name>

<Recruit Address>

Dear <\_\_\_\_\_\_\_\_\_\_\_\_\_\_>:

***[Paragraph 1 – provide ample date ranges on the effective dates!!]***

We are pleased to offer you an appointment to join the Department of <XX>, School of Medicine, LSU Health Sciences Center (LSUHSC) in New Orleans, LA as \_\_\_\_\_\_\_\_\_\_\_\_\_, contingent on your ability to provide acceptable documentation of United States authorized employment. Subject to the terms and conditions of this letter and the “Acceptance of Offer,” this appointment will be effective on <date> but no later than <date> at <100%> effort.

The position will carry an annual salary of $<\_\_\_\_\_\_\_\_\_\_>.

A summary description of general benefits is outlined as an appendix to this letter, but special circumstances always apply and hence you should plan to clarify your eligibility with Human Resource Management. The Benefits Office in Human Resource Management will answer specific questions should you need additional information. Notice, if required, will be given in accordance with LSUHSC policies.

This position is associated with the following general duties and responsibilities:

* XXX
* YYY

*(These must link up to the Position Description on file with HRM. Duties and responsibilities will need to be reviewed periodically and updated as necessary; a reassignment letter may need to follow substantial changes in the Position Description.)*

You will be evaluated annually, at a minimum, by your supervisor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_. It is acknowledged by and between LSUHSC and you that the statement of employment is not an absolute guarantee; rather you are subject to the same performance standards and expectations as all LSUHSC employees. As a result, you can be noticed of non-reappointment or terminated for cause. Moreover, you also have the right to resign from your position at any time.

It is very important to both the School and you that there are not any misunderstandings as we embark on our new relationship together. Hence, we emphasize that this offer is conditioned upon 1) receipt of all applicable administrative approvals, up to and including approval by the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, for both this offer and for your employment, 2) your signature of acceptance and return of this letter within fifteen (15) days of the signature date of the department head, and 3) a negative pre-employment screening test conducted in accordance with LSUHSC’s drug and substance abuse policy. (Provisions for remote sampling can be made if you are unable to come to LSUHSC.) *(#3 is not required for appointments less than 100%, but is required if appointment is converted to 100%)*

Further, by your signed acceptance of this Letter of Offer below you acknowledge that 1) this letter and its acceptance constitute the entire agreement between yourself and the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College (University), 2) you will be subject to all University By-Laws and Regulations and the policies and procedures of the LSUHSC, the School of Medicine and the Department, including, but not limited to, the University By-Laws and Regulations, Permanent Memoranda and Chancellor’s Memoranda as exist now and as modified in the future (many of these documents can be reviewed on the LSUHSC web-site), 3) verbal statements or written material not specifically included in this letter shall be of no force or effect, 4) no changes in or additions to this letter shall be recognized, and 5) you satisfy the qualifications for employment. (If necessary to change the terms of offer, this letter of offer will be completely rescinded and a new letter of offer provided.)

Please retain a copy of the letter for your files if desired. We look forward to having you join our department. If you have any questions, please do not hesitate to call one of us.

Sincerely yours,

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| Responsible Faculty Member (or Departmental Business Manager) | Name Department Head |
| Department of \_\_\_\_\_\_\_\_\_\_\_\_\_ | Title |
|  | Department of \_\_\_\_\_\_\_\_\_\_\_ |
|  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Name of Candidate> Date

Template: May 2015