DATE

NAME

ADDRESS

CITY, STATE, ZIP

Dear NAME:

I am pleased to offer you the position of **(POSITION)**, in the **(DEPARTMENT)** at Wright State University effective (**DATE**) at an hourly rate of **($00.00)** to be paid bi-weekly. This rate supports an appointment at **(FTE)** % FTE. **This offer is contingent on successful passage of university mandated background check and E-Verify and education verification(s). The offer letter start date may be subject to change contingent on all new hire paperwork being completed on time by the designated deadline date. NOTE:** **If your hire date falls past the middle of a particular month, there is the potential that your first pay may be delayed due to timing issues of when the payroll must be processed in time for the banks to accurately deposit funds. If your first pay is not able to be paid on the regular payroll cycle of the last business day of the month, your prorated pay will be processed at the very next available supplemental pay cycle which is typically two weeks after the regular cycle.**

As an unclassified hourly employee, your employment with Wright State University will be on an “at-will” basis, which means that either you or the University are free to end the employment relationship at any time, with or without advance notice or cause. This letter is not a contract or guarantee of employment for any definitive period of time. By accepting this offer, you acknowledge that you have reviewed and will comply with the policies which can be reviewed at [https://policy.wright.edu](https://policy.wright.edu/).

As a part-time Wright State employee, you will be eligible for retirement and pro-rated sick leave. Wright State University, in an effort to promote the health and well-being of its faculty, staff, students, and visitors, has chosen to maintain a tobacco-free environment. The use of all types of tobacco products is prohibited in all university buildings and on all university-owned, leased, or managed properties, including parking lots, garages, and all outside areas.

All WSU employees are exempt from Social Security contributions on earnings from the university; however, you will be required to contribute to one of the Ohio Public Employees Retirement System (OPERS) Plans. WSU employees hired on or after March 31, 1986 are required to pay a Medicare contribution, currently 1.45% of their earnings.

All employees, citizens and noncitizens, working in the United States must complete a U.S. Citizenship and Immigration Services Form I-9. **You must present acceptable documentation that establishes your identity and employment eligibility and complete and sign Section 1 of Form I-9 no later than your first day of employment.**

We are confident that you will be a valuable addition to Wright State University and sincerely hope you will accept this offer. Please sign below indicating your acceptance and return the original to me by (DATE). Remember to keep a copy for your files.

**Sincerely,**

**APPROPRIATE DEPARTMENT HEAD**

**TITLE, DEPARTMENT**

I accept the offer contained herein as indicated by my signature below.

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

**EMPLOYEE NAME**  **DATE**