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 annual salary of **($00,000.00)** to be paid in equal monthly payments the last working day of each month. This rate supports an appointment at **(FTE)** % FTE. (OPTIONAL: Your salary for the month of **(MONTH)** will be prorated from **(PARTIAL MONTH DATE)**. **This position is considered a special contract and is not a continuing position. 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 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 Wright State employee, you will enjoy a competitive benefits package. Our benefits program is designed to provide protection for you and if applicable, your eligible dependents and is an integral part of your total compensation package. Please refer to Attachment A for a listing of the primary benefits and the respective start date.

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 State Retirement 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**

**Attachment A: Benefits**

Wright State offers a comprehensive list of benefits for you and if applicable, your eligible dependents.

**If applicable, and you enroll your spouse and/or dependents up to age 26 in medical, dental, vision, tuition remission, spouse life insurance, and/or dependent life insurance, you will be required to provide supporting documentation for the relationship when you elect your benefits.**

Beginning on your first day of employment you are eligible for many of the outstanding benefit programs at Wright State University including:

|  |  |  |
| --- | --- | --- |
| * Sick Leave
 | * Vacation (b)
 | * Holiday
 |
| * State Retirement Plans (a)
 | * Faculty & Staff Assistance Program
 |  |
| * Tuition Remission (must be employed the first day of the semester)
 |

1. For the State Retirement Plans, a new staff member who is appointed to work at least 75% FTE will be eligible to enroll in either the Ohio Public Employees Retirement System (OPERS) or the Wright State University Alternative Retirement Plan (ARP, a 401(a) plan). You will have 120 days from your hire date to make this election.
2. **As a special contract employee, vacation is for use only within the appointment period and no payment for unused vacation time will be made upon termination.**

**The following elected healthcare and income protection benefits start the first day of the month following your hire date:**

|  |  |  |
| --- | --- | --- |
| * Medical
 | * Dental
 | * Vision
 |
| * Flexible Spending Accounts
 | * Health Savings Account
 | * Supplemental Life Insurance
 |
| * Short-Term Disability
* Basic Life Insurance
 | * Long Term Disability
 | * Supplemental Retirement Plans
* 403(b) and/or 457(b)
 |

Your enrollment in these elected benefit programs, for which you are eligible, must be completed within your first thirty-one (31) days of employment or you will be required to wait until the next open enrollment period or within 31 days following a qualifying life event.

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.

For a complete listing of benefit programs, please visit the benefits section of our website at <http://www.wright.edu/human-resources/benefits>.

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

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

**EMPLOYEE NAME**  **DATE**