**This template and all information contained within should only be considered a guide for University employees seeking to employ University students in any non-University activity to facilitate compliance with the University’s Policy on Use of Students in Outside Employment. The University does not provide advice to private employers on compliance with employment laws and any other obligations, including advice to University employees seeking to engage students in non-University employment.**

[INSERT ON EMPLOYER LETTERHEAD]

[DATE]

[STUDENT EMPLOYEE NAME]

[STUDENT EMPLOYEE ADDRESS]

Dear [STUDENT EMPLOYEE NAME]:

**[REQUIRED:]** I am pleased to offer you the [INSERT TYPE OF POSITION: employment/internship/position] of [INSERT JOB TITLE] with [INSERT EMPLOYER NAME], with a start date of [INSERT DATE]. This position has a [salary/stipend] of [INSERT HOURLY WAGE RATE, SALARY OR STIPEND]. You will be expected to work [INSERT HOURS PER WEEK] hours per week. This appointment is for a [LENGTH OF EMPLOYMENT ENGAGEMENT: one-year/one-semester] period through[INSERT DATE], presuming satisfactory performance for the duration. [*Note: employment of students may not last longer than one year at a time, although term renewals may be granted upon approval.*]

**[REQUIRED:]** This position will serve at [INSERT EMPLOYER NAME]’s [INSERT FACILITY TYPE: offices/laboratory/workshop] located at [INSERT EMPLOYER WORK ADDRESS AT WHICH STUDENT EMPLOYEE WILL WORK, including street address, city, state and zip code]. This position reports to [INSERT NAME OF STUDENT EMPLOYEE’S SUPERVISOR]. You will be expected to work a schedule of [INSERT SPECIFIC EMPLOYMENT SCHEDULE WITH DAYS AND TIMES/HOURS].

**[REQUIRED:]** [INSERT ADDITIONAL INFORMATION ON THE SPECIFIC SCOPE OF WORK OR JOB DESCRIPTION AND EXPECTATIONS. IF THE POSITION IS AN INTERNSHIP, INSERT EXPERIENTIAL LEARNING COMPONENT RELEVANT TO THE STUDENT EMPLOYEE’S COURSE OF STUDY. *If available, attached a separate written job description*.]

[IF APPLICABLE, INSERT ANY LICENSE OR CERTIFICATION REQUIREMENTS: This position requires that you have current and active [SPECIFY LICENSURE OR CERTIFICATION] as a [INSERT LICENSE/CERTIFICATE] from [INSERT LICENSING AUTHORITY]. This requirement continues throughout your employment in this capacity, and loss of this important credential will jeopardize your continued employment. It is your responsibility to advise [INSERT EMPLOYER NAME] of any change in the status of your license/certification.]

[SUGGESTED: Insert additional information on expected payment method and timeframe (weekly pay; biweekly pay; stipend; etc.). *Note that Connecticut General Statutes § 31-71b requires weekly payment of wages unless the employer obtains a waiver of the weekly pay requirement from the Connecticut Department of Labor*. This offer of employment is contingent upon successful completion of an approved I-9 (Employment Eligibility Verification Form). ]

**[REQUIRED:]** This offer is contingent upon approval by [INSERT TITLE AND NAME OF UNVERSITY EMPLOYEE’S SUPERIOR DEPARTMENT HEAD/DEAN/DIRECTOR] at the University of Connecticut in conformance with the University’s Policy on Use of Students in Outside Employment.

[SUGGESTED:] Please indicate your acceptance of this offer by signing below and returning one copy of this letter to the undersigned no later than [DATE].

Sincerely,

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

[Authorized Signature(s) of Employer]

\*\*\*\*\*

**[REQUIRED:]**

**To be completed by prospective student employee:**

I accept this appointment under the terms described above.

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

[SIGNATURE OF STUDENT EMPLOYEE] Date

**[REQUIRED:]**

**To be completed by prospective student employee:**

**Please check the applicable box.**

□ 1. I am a U.S. citizen/permanent resident or an individual with an immigration status other than one sponsored by the University of Connecticut.

□ 2. I am a student on an F-1 or J-1 visa sponsored by the University of Connecticut.

**If Box 1 is checked, proceed to Department Head/Dean/Director review.**

**If Box 2 is checked, the confirmation signature from a University of Connecticut International Student and Scholar Services international advisor is required prior to review by the University Department Head/Dean/Director.**

**To be completed by the UConn ISSS International Advisor:**

I have reviewed this offer of employment with the prospective student employee. I confirm that this employment opportunity as described above is permissible under the student’s current visa status. The student may start the employment upon receipt of proper work authorization. The student has received instructions on how to obtain the work authorization.

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

Signature Date

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

[PLEASE PRINT NAME]

UConn International Advisor

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**[REQUIRED:]**

**To be completed by the Department Head/Dean/Director:**

I have reviewed this offer of employment concerning a University of Connecticut student hired by a University employee for a non-University supported activity. I approve this offer of employment in accordance with the University’s Policy on Use of Students in Outside Employment.

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

Signature Date

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

[PLEASE PRINT NAME] Title [UConn Department Head/Dean/Director]

**UConn Department Head/Dean/Director:** Keep a copy of this signed offer letter as evidence of your approval.