***Use Dept Letterhead***

*Classified Staff Offer Letter Template*

*Rev. 12/2024*

Date

Name

Address (use home address even if internal applicant)

City

Dear Name:

I am pleased to offer you the (full/part-time) position as a WORKING TITLE(POSITION TITLE, Position #*XXXXXX*) with the University of Colorado Anschutz Medical Campus, DEPT/UNIT effective DATE. This position is classified under the state personnel system as a JOB CODE TITLE. You will report to NAME OF SUPERVISOR as your supervisor. Your job location will be at LOCATION. *Choose one of the following statements (onsite, hybrid, or remote):* Onsite This is not a remote position. This offer is contingent upon you working full-time/part-time, onsite, on the Anschutz Medical Campus. Hybrid This is not a remote position. This offer is contingent upon you working full-time/part-time, hybrid, on the Anschutz Medical Campus. Your hybrid schedule must be arranged and approved by your supervisor. Remote This is a remote position. If business needs change, remote work arrangements may be impacted.

Work Schedule: *Input the work schedule for the new hire.*

The work schedule may need to shift due to business need. If this occurs this will be arranged and approved by your supervisor. Your employment status will be ‘probation’ for a period of twelve months. You will be certified on DATE unless otherwise notified in writing.

This offer of employment is contingent upon your passing a criminal background check and sex offender registry check, and approval by the Vice Chancellor. You may not begin work prior to passing the background check and sex offender registry check, and your appointment is subject to termination if it is later determined that you failed. University policy also requires employees to disclose any new criminal convictions.

Your starting monthly salary will be $*XXXX.XX* per month. INSERT OT ELIGLBE/NOT ELIGIBLE INFO FROM BELOW.

This position *is not* eligible for overtime. Should your position become eligible for overtime at any time in the future, your signature on this letter represents your agreement to accept compensatory time in lieu of cash payment for overtime.

OR

This position *is* eligible for overtime. Your signature on this letter represents your agreement to accept compensatory time in lieu of cash payment for overtime. The rate of compensatory time is one and one-half (1½) times the actual overtime hours worked. Although using compensatory time in lieu of cash payment is our preferred arrangement, we retain the option to use cash payments for overtime compensation. Compensatory leave must be used as soon as possible and any compensatory time over 240 hours must be paid out on the next regular pay period. It is the campus policy that classified staff may work overtime only with prior supervisory approval. Failure to receive advance, preferably written, approval may result in corrective or disciplinary action.

As an employee of the state personnel system your retirement plan is established through the Public Employees Retirement Association (PERA); you will learn more about your options in orientation. Your salary is not covered by Social Security and there *could* be implications on any Social Security Benefits you may receive in the future. We are required to notify you of this, and ask that you read and sign the attached **Statement Concerning Your Employment in a Job Not Covered by Social Security** form and return it and a copy of this offer letter to Human Resources.

You will be required to complete New Employee Orientation (NEO) as well as other University required trainings shortly after your start date. All new employees are also required to review the Code of Conduct at: <https://www.cu.edu/ope/aps/2027>. Supervisory positions may also be required to complete additional leadership classes. Registration and class information is available on the Human Resources website.

INSERT I-9 INFO FOR NEW/CURRENT EMPLOYEE FROM BELOW

As a condition of employment, the University must verify your employment eligibility immediately upon your employment. This is in compliance with the federal law, which requires every employee to complete an I-9 Form and to provide certain documents for examination. Please read and comply with the posted campus I-9 policy and submit your documentation to \_\_\_\_\_\_\_\_\_\_ within three (3) business days of your date of employment. Failure to submit this documentation will result in the termination of this appointment.

OR

As a current employee or former employee at CU Anschutz within the last 3 years, you have already met the provisions of the Immigration Reform and Control Act (IRCA), which requires every employee to certify eligibility for employment.

CU Anschutz strongly encourages vaccination against the COVID-19 virus and other [vaccine preventable diseases](https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf). If you work, visit, or volunteer in healthcare facilities or clinics operated by our affiliated hospital or clinical partners, you will be required to comply with the vaccination and medical surveillance policies of the facilities or clinics where you work, visit, or volunteer, respectively. For CU Anschutz-operated healthcare facilities or clinics that treat patients or involve human study subjects, you will follow University of Colorado Hospital’s vaccine and medical surveillance requirements and guidance. Individual CU Anschutz departments or programs may require vaccination against COVID-19 with Chancellor approval. In addition, if you work in certain research areas or perform certain safety sensitive job duties, you must enroll in the [occupational health medical surveillance program](https://research.cuanschutz.edu/ehs/home/divisions/occupational-health/oh-enrollment).

Internal Revenue Service (IRS) policy requires that the Social Security Number and the name of the employee for payroll purposes match the number and employee name found on the Social Security Card. This verification is necessary in order to comply with IRS policy and to ensure that you are paid in a timely fashion.

INSERT BENEFITS INFO FROM BELOW

*(if less than 50%, only the state benefits apply)* You are eligible for State of Colorado employee benefits programs. You will receive information about benefits at NEO, or you may call Employee Services at (303)-860-4200.

OR

*(for positions at 50% or more)* You are eligible for University of Colorado benefits programs. You will receive information about benefits at NEO, or you may call Employee Services at (303)-860-4200.

Classified employees transferring from another State agency will have their leave balances reviewed for transfer to CU Anschutz upon hire. Final leave balances will be communicated by your supervisor.

Additionally,

*You may wish to add additional information on topics such as working hours, shift information, special work assignments, uniforms, etc. Anything that you consider to be an important component of the job should be listed here*.

Secondary employment for full-time employees at CU Anschutz must be disclosed to your supervisor or manager.  If applicable, please complete the [Outside Employment/Conflict of Interest Form](https://www1.ucdenver.edu/docs/librariesprovider188/talent-acquisition-compensation/secondary-employment.doc?sfvrsn=ab607b9_2) (located on the University’s HR website) and submit to your supervisor or manager for review and approval.

Welcome to CU Anschutz. We look forward to working with you. Please indicate your willingness to accept this offer by returning this original letter to me with your signature below. A fully executed copy will be returned to you for your personal records.

Sincerely,

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

*Supervisor Name / Title*

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

*Appointing Authority Name / Title*

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

*Employee name*

**Statement Concerning Your Employment in a Job**

**Not Covered by Social Security**

**Employee Name** **Employee ID#**

**Employer Name** University of Colorado **Employer ID#** 84-6000555

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, “Windfall Elimination Provision.”

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500- $400=$ 100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, “Government Pension Offset’

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee** **Date**

Form **SSA-1945 (12-2004)**

**Information about Social Security Form SSA-1945**

**Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker’s Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

* Give the statement to the employee prior to the start of employment;
* Get the employee’s signature on the form; and
* Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945/](http://www.socialsecurity.gov/form1945/). Paper copies can be requested by email at [oplm.oswm.rqct.orders@ssa.gov](mailto:oplm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Form **SSA-1945 (12-2004)**