[DATE]

[FULL NAME]

Via Correspondence: [EMAIL ADDRESS]

Dear [FIRST NAME],

We are pleased to offer you employment with the University of California, Merced. You will be working in the [DEPARTMENT] as the [WORKING TITLE] and you will report to [SUPERVISOR]. Your payroll title is [PAYROLL TITLE], title code [xxxx] and position # [NUMBER]. This position is non-represented and is exempt from overtime. Your appointment will commence on [DATE] and will be based on an annual salary of [$XXX,XXX.]. As with all critical positions, this offer is contingent on the successful completion of the LiveScan background review].

The University of California, Merced will provide a taxable reimbursement up to $xxx. of actual expenses for the moving of your household to Merced or a contiguous county (Stanislaus, Tuolumne, Mariposa, Madera, Fresno) from your current residence as allowable under University Policies:

Relocation <https://policy.ucop.edu/doc/3420347/BFB-G>

Travel <https://policy.ucop.edu/doc/3420365/BFB-G-28>

Eligible expenses and reimbursements are defined under the policy and regulations governing moving and relocation. The move must be completed within one year from the date you assume this position. Actual moving expenses may be direct billed provided a University approved vendor is used. The vendor and the moving process is coordinated through Travel Services. Once the University has received this letter with your signed acceptance, please contact Travel Services at travel@ucmerced.edu to arrange for your move. Please be aware that there will be tax implications to you for this reimbursement or payment, and we suggest that you seek the advice of a qualified tax consultant.

The move must be complete within one year from the date you assume the position. Relocation expenses that are reimbursed will be required to be repaid to UC Merced if you separate from the institution within a 39-week period in the first year beginning with the appointment start date.

On your first day a packet of benefit information will be given to you. You will have a 31-day period to enroll in UC benefits. Further information on benefits can be found at [http://ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu/forms/pdf/complete-health-benefits-guide-for-employees.pdf), but you will not be able to enroll in benefits until after new hire paperwork is completed. If you have any questions regarding benefits, please contact the benefits department at (209) 228-8247, option 4.

Under the Immigration Reform and Control Act of 1986, you are required to provide documentation to verify your legal right to work in the United States. Attached is a list of eligible documents. Please bring in the required employment eligibility documents and be prepared to complete a new I-9 along with other UC Merced hiring/payroll documents.

As a condition of employment, you will be required to comply with the University of California Policy on Vaccination Programs, as may be amended or revised from time to time. Federal, state, or local public health directives may impose additional requirements.

Your signature accepting this position is needed to complete the hiring process. Please sign and return a copy to verify your acceptance of this position.

We look forward to your acceptance of this offer and your contribution to our program.

Sincerely,

[HIRING AUTHORITY]

[TITLE]

I accept this offer of employment and the terms and conditions as stated in this letter.

Accepted:

 Signature Date

Human Resources
CC: Payroll, Budget, Human Resources

**LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be UNEXPIRED**

Employees may present one selection from List A

or a combination of one selection from List B and one selection from List C.

|  |  |  |
| --- | --- | --- |
| **LIST A****Documents that Establish Both Identity and Employment Authorization** | **OR** | **LIST B LIST C****Documents that Establish Documents that Establish Identity Employment Authorization****AND** |
| **1.** U.S. Passport or U.S. Passport Card |  | **1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:
	1. NOT VALID FOR EMPLOYMENT
	2. VALID FORWORKONLYWITH INS AUTHORIZATION
	3. VALID FORWORKONLYWITH DHS AUTHORIZATION
 |
| **2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551) |
| **3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa |
| **2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |
| **4.** Employment Authorization Document that contains a photograph (FormI-766) | **2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| **3.** School ID card with a photograph |
| 1. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
	1. Foreign passport; and
	2. Form I-94 or Form I-94A that has the following:
		1. The same name as the passport; and
		2. An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or

limitations identified on the form. | **3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| **4.** Voter's registration card |
| **5.** U.S. Military card or draft record |
| **6.** Military dependent's ID card |
| **7.** U.S. Coast Guard Merchant Mariner Card | **4.** Native American tribal document |
| **5.** U.S. Citizen ID Card (Form I-197) |
| **8.** Native American tribal document | **6.** Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| **9.** Driver's license issued by a Canadian government authority |
| **For persons under age 18 who are unable to present a document listed above:** | **7.** Employment authorization document issued by the Department of Homeland Security |
| **6.** Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under theCompact of Free Association Between the United States and the FSM or RMI |
| **10.** School record or report card |
| **11.** Clinic, doctor, or hospital record |
| **12.** Day-care or nursery school record |

**Refer to the instructions for more information about acceptable receipts.**

Form I-9 10/21/2019