**RGP STAFF**

Date

Employee Name

Address

City, State Zip

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I am pleased to offer you the position of \_\_\_\_\_\_(internal title)\_\_\_\_\_\_\_\_\_\_\_ , state classification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pay band \_\_\_\_\_\_\_, in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Division of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at the University of South Carolina School of Medicine. This position is (full-time/part-time), effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ends \_\_\_\_\_\_\_\_\_\_\_\_\_, with an annualized salary of $\_\_\_\_\_\_\_\_\_\_\_\_. You will be responsible for the duties described in the attached position description. In addition, this appointment is a Research Grant Funded positionand employment is subject to the following:

1. Adherence to all rules and regulations of the University of South Carolina.

2. Satisfactory performance in this position.

3. The continued availability of non-state appropriated funds specified in the grant or contract under which you are employed.

If funds for this position end, your employment will be terminated, and your termination will not be subject to administrative or judicial appeal. Further, your employment is deemed to be employment at will, which means that you may be terminated without cause and without grievance rights. You would not be entitled to any compensation beyond the date of termination. Payment for unused annual leave is dependent on the availability of funds. Neither the University of South Carolina nor the State of South Carolina is obligated to obtain further employment for you upon termination of these funds.

(The following two (2) paragraphs need to be included in the letter of offer if the position requires a degree, if the employee indicated having a degree on the application, and/or if the position requires licensure or certification, as required in the position description and job advertisement.)

This offer is contingent upon verification of your \_\_\_\_\_\_\_\_\_\_\_\_\_\_ degree as documented by receipt of an official transcript. This official transcript, from the Registrar of the school from which you received your degree, must be mailed directly to the following address:

 *USC School of Medicine*

 *Office of the Dean/Human Resources*

 *Building 3, VA Campus*

 *Columbia, SC 29208*

Employee Name

Date

Page 2

This offer of employment is contingent upon your obtaining and maintaining throughout your employment (licensure or certification) as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Also, you could adjust the letter if the licensure or certification allows for a contingency to obtain license or certification by a certain date/time frame; however, the contingency must be outlined in the position description and must have been included in the job advertisement.)

This offer of employment is contingent upon you obtaining (license or certification) as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as established by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within (18 or 24 months, as required in the PD and job advertisement) of your date of hire.

(If not U.S. Citizen, add the following paragraph and copy International Support)

Since you are a non-U.S. citizen, this offer is contingent on the following conditions: (1) upon acceptance of this offer, you must work with the University of South Carolina International Support for Faculty and Staff office to provide documents required by U.S. immigration law; (2) with the assistance of International Support, you must obtain approval from the U.S. Citizenship and Immigration Services to be employed in this capacity at USC in an appropriate immigration classification prior to the starting date; and (3) the University cannot be responsible for your

failure to comply with U.S. immigration laws nor can we be held liable for limitations set forth in the U.S. Immigration and Nationality Act.

This offer and your continued employment are contingent upon the completion of a satisfactory background/SLED check***. (If a background check…)*** I have enclosed a release for you to complete, sign and return. If you have any questions concerning this, you may contact Susie McKee, SOM Human Resources, at susie.mckee@uscmed.sc.edu .

I look forward to working with you in your new position. Please acknowledge your acceptance of this offer by signing below and returning to me.

Sincerely,

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

Name

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

Title

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employee Signature Date

Enclosure