Department Logo

Date

Candidate’s Name

Address

Dear candidate’s name,

We are pleased to offer you an appointment to LSU Health Sciences Center - New Orleans (LSUHSC-NO) as the <Position Title> within the School of Allied Health Professions, <Department> contingent on your ability to provide acceptable documentation of United States authorized employment. Subject to the terms and conditions of this letter, the appointment will begin on <date> at <#%> effort.

This is an <unclassified or academic unclassified> position with an annual salary of < $xx> paid <monthly or bi-weekly> at a rate of <$xx/month.>

It is important to both LSUHSC-NO and you that this offer of employment is conditioned upon: 1) receipt of all applicable administrative approvals, up to and including clearance by the Louisiana Higher Education Foreign Security Act (LAHEFSA) committee and approval by the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, for both this offer and your employment, 2) your signature of acceptance and return of this letter within three (3) business days of receipt of this offer, 3) education, reference, and background check clearance, 4) electronic I-9 completion and work authorization clearance, 5) a negative pre-employment screening test conducted in accordance with LSUHSC-NO drug and substance abuse policy. A member of our onboarding team will contact you within three business days of your signed acceptance of this letter of offer to provide more information on next steps and schedule your pre- employment drug screening.

Further, by your signed acceptance of this letter of offer, you acknowledge that: 1) this letter and “Acceptance of Offer” constitute the entire agreement between yourself and the Board of Supervisors of Louisiana State University, 2) you will be subject to all University By-Laws and Regulations, Permanent Memoranda and Chancellor’s Memoranda as exist now and as modified in the future. Most of these documents can be viewed on the LSUHSC-NO website ([www.lsuhsc.edu](http://www.lsuhsc.edu/)), 3) verbal statements or written material not specifically included in this letter will be of no force or effect, and 4) no changes in or additions to this letter shall be recognized. Please be aware that your employment with LSUHSC-NO remains at-will. Neither this letter nor any other oral or written representations may be considered a contract for any specific period of time. You may retain a copy of this letter and the signed agreement for your files, if desired.

You may review a summary description of our benefits package at: <https://www.lsuhsc.edu/administration/hrm/benefits-about.aspx>. Any specific benefits questions should be directed to the Benefits team at NOHRMBenefits@lsuhsc.edu. We are excited to have you join our team at LSUHSC-NO and look forward to exciting opportunities ahead! If you have any questions, please feel free to contact me at <Hiring Mgr. phone #.>

Sincerely,

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

Department Head Name Date

Title/Dept

School of Allied Health Professions

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Erin Dugan, Ph.D. Date

Dean, School of Allied Health Professions

Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 <Candidate’s Name> Date