<date>

<Name>

<Address>

Dear Mr./Ms. <name>,

I am pleased to offer you an appointment to the <position class title> position, #XXXXX, at the <department/college or program>, Kapi’olani Community College, effective <date>. Your annual salary will be $XX,XXX (<BC/WS>, Step <X>). <A shortage differential is currently being applied to your position at a rate of $xxx per month, and is subject to change as determined by the State Department of Human Resources.>

This position is included in bargaining unit (Unit) 01, for blue-collar personnel. Therefore, the terms and conditions of your appointment are governed by the provisions of the Unit 01 collective bargaining agreement (Agreement), as well as University policies and procedures, state laws and rules, and State of Hawai‘i Civil Service Policies and Procedures, as appropriate. Please be advised that, in accordance with the State’s Policies and Procedures, you will be required to serve a minimum six-month probationary period.

Appointment to this position entitles you to benefits, including enrollment in the Hawai‘i Employer-Union Health Benefit Trust Fund and the State Employees’ Retirement System, vacation and sick leave, and paid holidays. Your benefits shall be governed by University policies and procedures; applicable, State laws, rules, and regulations; and if appropriate, the collective bargaining agreement.

Please indicate your acceptance of this offer by signing below and returning a copy to your <program Administrator/Unit Head> at <mailing address or email> by <date>. Upon acceptance, Ms./Mr. <name>, your <Dean/Department> Secretary, <name>, will contact you regarding your employment forms and benefits. Should you have any questions regarding your pay and/or benefits, please feel free to contact him/her at <phone number> or <XXX@hawaii.edu>.

We look forward to your employment with us and in fulfilling the mission of our department and the University of Hawai‘i.

Sincerely,

Louise Pagotto

Chancellor

I accept/decline the terms of this appointment:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<name> Date

c: <name>, HR Specialist

Official Personnel File