***Use Dept Letterhead***

*Classified Staff Promotion/Reallocation Offer Letter Template*

*Rev. 04/2025*

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. This position is designated as Colorado WINS COVERED/NON-COVERED *(****IF APPLICABLE****) and ESSENTIAL/CRITICA*L. ***(IF COVERED)*** Information for covered employees can be found in the State of Colorado [Partnership Agreement](https://dhr.colorado.gov/about/labor-relations/partnership-agreement).

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):***

**(In-Person)** 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.

The work schedule for this role is ENTER WORK SCHEDULE.

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 ‘trial service’ for a period of six months. You will be certified on DATE unless otherwise notified in writing.

This offer is contingent upon your passing a criminal background check and sex offender registry check, and approval by the Vice Chancellor. University policy requires current employees to disclose any new criminal convictions.

Your monthly salary will be increased to $*XXXX.XX* per month. As a state classified employee you retain your original state hire date, and your vacation and sick leave accruals. 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.

Secondary employment for full-time employees at the University of Colorado Anschutz Medical Campus must be disclosed to your supervisor or manager.  If applicable, please complete the [Outside Employment/Conflict of Interest Form](http://www.ucdenver.edu/about/departments/HR/FormsTemplatesProcesses/Documents/Word/secondemploy.doc) (located on the University’s HR website) and submit to your supervisor or manager for review and approval.

Thank you for your continued contributions to the University. Please indicate your willingness to accept this offer by returning this original letter with your signature below.

Sincerely,

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

*Supervisor Name / Title*

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

*Appointing Authority Name / Title*

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

 *Employee name*