# CONDITIONS OF EMPLOYMENT

Employees of The University of North Carolina at Chapel Hill (the “University”) are subject to all departmental, University and system policies, procedures, standards and rules that apply to their employment type or position. By signing below, I agree to comply with all applicable University and system policies, procedures, standards and rules, as they may be updated from time to time with or without notice. I also agree to the following Conditions of Employment, and understand that my failure to fully comply with the following conditions may result in appropriate disciplinary action, up to and including termination of University employment:

* 1. I understand that any offer of employment by the University is conditional pending satisfactory completion of the University’s pre-employment background check. I understand a criminal conviction in and of itself does not disqualify me from employment by the University; however, I also understand that if criminal record information is discovered that was not disclosed on my employment application, I may be disqualified from employment in this position, and any other position at the University, for falsification of my employment application. I also understand that, due to the nature of some criminal convictions, employment in certain positions at the University may be unavailable to me.
	2. I also understand that state law requires the verification of certain educational and professional credentials and further requires appropriate action, up to and including rejection of an application, termination of employment or criminal prosecution, upon discovery of any false or misleading or omission of relevant application information. The University verifies application information during the first few months of employment (or during the probationary period, where applicable). I authorize the release to the University of any information within the possession of a third-party, such as an educational institution or licensure board, for purposes of verifying any representations I have made to the University. I agree to provide official documentation and/or pay any fees needed to verify my education or other credentials as requested.
	3. I understand that, during my employment, I am required to report any criminal convictions within five (5) business days of the conviction or other covered criminal disposition or at the first possible opportunity if I am incarcerated. I will report relevant information as required by the University’s Policy on the Reporting of Criminal Convictions. I understand that a willful failure to report a criminal conviction (or traffic violation, where applicable) under this policy or to cooperate with University officials regarding a reportable matter may subject me to disciplinary action, up to and including termination of employment.
	4. The University is dedicated to fostering a campus community that upholds the highest standards of ethics and integrity. The University encourages all members of the community to be an active part of achieving excellence in all our work and welcomes ideas and feedback for how to best support a culture of ethics and integrity. Please visit [https://ethicsandintegrity.unc.edu](https://ethicsandintegrity.unc.edu/) for additional information.
	5. I understand that federal law requires each new employee to complete Section 1 of the U.S. Citizenship and Immigration Services Form I-9, Employment Eligibility Verification and to submit certain original documents for examination to certify and verify the individual’s identification and employment eligibility. In compliance with state and federal law, the University verifies each individual’s authorization to work in the United States using the federal E-Verify system. Section 1 of the Form I-9 must be completed on or before my first day of employment and Section 2 must be

completed no later than three (3) business days after my first day of employment (counting my first day of work). I understand that my employment will be terminated if I fail to comply with the Form I-9 employment authorization requirements or if it is determined that I am not authorized to work in the United States.

* 1. I understand that if I am in a non-immigrant, non-U.S. citizen status working in the U.S., I am required to complete form PR-100 for payroll tax withholding purposes on or before my first day of employment, which can be done at International Student and Scholar Services (“ISSS”). All other immigration statuses should notify Payroll Services for direction. If I am in non-immigration H-1B, O-1, E-3, TN, J-1, or F-1 status sponsored by the University, I will report to ISSS as soon as possible after arrival in Chapel Hill pursuant to regulations governing my immigration status. I will immediately report any proposed or actual changes in employment or immigration status to ISSS and Payroll Services. Also, if I am a non-immigrant, non-U.S. citizen with no tax reporting requirements to the U.S. and I am working wholly outside of the U.S., I or my department should notify Payroll Services. This can be done via the form *Notice of Employee Working Outside of North Carolina*.
	2. I understand that if I work in a state other than North Carolina, my department should report my out of state work status to Payroll Services via the form *Notice of Employee Working Outside of North Carolina* to ensure proper wage reporting and taxation. I also understand that as an employee I share responsibility to inform Payroll Services in the event of my work state being other than North Carolina or any time my work state changes. Likewise, if I am involved in or compensated through sponsored projects, I agree to promptly notify the Office of Sponsored Research of any changes in my job responsibilities or employment status.
	3. I certify that I am at least eighteen (18) years old as required by state policy for all permanent University employees.
	4. The University is required by law to verify my compliance with the Military Selective Service Act. I certify that I am in compliance with the registration requirements of this law prior to beginning employment by responding as follows:

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| A. I certify that I am registered with the Selective Service. |
| B. I certify that I am not required to be registered with the Selective Service because (select all that apply): |
|  I am female I was assigned female at birth |  I am a non-immigrant alien. I was born before 1960. |
|  I am in the armed services on active duty (Reserves and National Guard are not active duty). I am a permanent resident of the Trust Territory of the Pacific Islands or Northern Mariana Islands. |
| C. I certify that my requirement to be registered with the Selective Service has expired or is inapplicable and (select one): |
|  I was registered when the requirement was applicable to me. I was not registered when the requirement was applicable to me, but my failure to register was not a knowing and willful failure to register (please explain on anattached signed and dated sheet). |

I understand that if I do not affirmatively select at least one option listed above, I will be ineligible for employment unless, within thirty (30) days, I provide information that establishes compliance

with the registration requirements of the Military Selective Service Act. I understand that if I am not registered but am required to be, I MUST do so no later than thirty (30) days from the appointment date indicated on this document to remain employed by the University. I understand that failure to comply with the registration requirements bars a person from state employment.

* 1. I understand that state law requires all permanent employees regularly scheduled to work thirty (30) hours or more each week to participate in either the Teachers’ and State Employees’ Retirement System (“TSERS”) or the UNC Optional Retirement Program (“ORP”) and that employees must make an irrevocable election of one of these retirement plans within sixty (60) days of their first date of eligibility. I understand that employees presently contribute six percent (6%) of their gross salaries to their elected plan by payroll deduction and that the State of North Carolina retains the right to amend the contribution rate at any time.
	2. I understand that if I am eligible for employee health insurance, election to participate in the State’s employee health insurance plan must be received within thirty (30) days of my hire effective date. I have the option of having this health insurance coverage begin on the first day of either the first or second month following start of employment. Health insurance coverage prior to the selected coverage effective date is my responsibility.
	3. I understand that I am required within 90 days of employment to obtain and provide my Social Security Number (“SSN”) and my name exactly as it appears on my SSN card for employment and tax records so the University can satisfy its income-reporting and withholding obligations under state and federal law. In addition, I understand the University may also use my SSN for internal recordkeeping and information management operations, as permitted by state and federal law, and that I am voluntarily giving my permission to do so. Finally, I understand that I have been randomly assigned a Personal Identification Number (“PID”), which the University will use instead of my SSN when possible. I understand that failure to provide a SSN may result in disciplinary action, up to and including termination of employment.
	4. I understand that the University requires its employees to receive all payments by direct deposit into a bank or credit union account of the employee’s choice. Pay stubs will be provided to me electronically and I will be able to view my pay stubs using the Self Service feature of ConnectCarolina. I agree to payment by direct deposit. I agree to provide direct deposit information via ConnectCarolina Self Service on my first day of ConnectCarolina access. I understand that my failure to do so may result in disciplinary action, up to and including termination of employment. I understand that I am responsible for reviewing funds received from the University for accuracy via Self Service paystubs, and that if I become aware of a possible overpayment, I must notify my employing department immediately as an overpayment is not an entitlement to keep unearned money and should not be spent, since it will have to be repaid via the overpayment process.
	5. I understand that under the Fair Labor Standards Act (“FLSA”):
		1. If I am in a wage/hour non-exempt position and work more than forty (40) hours in a work week, I can be compensated for overtime work by scheduled paid time off or payment of overtime pay.
		2. If I am in a wage/hour exempt position, that exempt employees do not earn additional compensation when they work more than forty (40) hours in a work week.
	6. I authorize the University to withhold from my final paycheck the cost of any keys, electronics, equipment or other University property that I have damaged or fail to return when my appointment

ends, subject to any applicable wage-hour requirements. I also authorize the University to withhold from my final paycheck the amount of any debt I owe to the State or University, subject to any applicable wage-hour requirements.

* 1. I will comply with all of the University’s Department of Environment, Health and Safety (“EHS”) policies and procedures regarding vaccinations, medical surveillance, reporting and required safety training within the first ten (10) days of my employment and thereafter. I understand that if my position places me in a health care environment or if my duties involve health care, there are additional EHS requirements that will apply to me; I agree to comply with these additional requirements. Information about EHS’s requirements is available at [https://ehs.unc.edu](https://ehs.unc.edu/) or from my supervisor, my departmental Human Resources (“HR”) representative, or directly from EHS.
	2. I understand that many University policies, including but not limited to the policies referenced herein, are available online at [https://policies.unc.edu](https://policies.unc.edu/) and<https://hr.unc.edu/employees/policies/>. I agree to periodically review these policies from time to time as needed and, if I have any questions about these policies or whether a policy applies to a situation at hand, I agree to consult with my supervisor or departmental HR representative before taking any action or proceeding further.
	3. In addition to being subject to federal, state, departmental, university and system policies, procedures, standards and rules as described above, I understand that I am also subject to the terms of my offer letter, appointment letter and/or other hiring documents, if any.

# JOB OFFER

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| Offer of permanent employment extended to: |  |
| Personal Identification Number (PID#): |  |
| EHRA or SHRA: |  |
| Title: |  |
| Starting base salary: |  |
| Fair Labor Standards Act (FLSA) status: |  |
| Effective appointment date: |  |
| Department name: |  |
| Department number: |  |
| Is DD-214 needed? |  |

1. **SIGNATURES**

My signature below acknowledges that I have read, understand, and accept the above job offer as received and all conditions of employment.

|  |  |  |
| --- | --- | --- |
| Employee Name (printed) | Employee Signature | Date |
| Human Resources Representative Name (printed) | Human Resources Representative Signature | Date |