

**CONDITIONS OF EMPLOYMENT
SHRA TEMPORARY EMPLOYEE**

A. JOB OFFER:	
Offer of employment extended to:	
Personal Identification Number (PID#):	
Appointment Type	Temporary
Position ID:	
Hourly Pay Rate:	
FLSA status:	Non-Exempt
Effective appointment date:	
Supervisor:	
Department name:	
Department number:	

B. CONDITIONS OF EMPLOYMENT:

In order to be employed by The University of North Carolina at Chapel Hill "University" as a (University) Temporary Staff (SHRA) Employee, you must agree to the following Conditions of Employment by signing below:

1. I understand that any offer of employment by the University is conditional pending satisfactory completion of the University's required pre-employment background check. I understand a criminal conviction in and of itself does not disqualify me from employment at the University; however, I also understand that in the event a criminal conviction record 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 understand that, during my employment, I am required to report criminal convictions (whether misdemeanor or felony) 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 this information either to Employee and Management Relations in the Office of Human Resources ("E&MR"), or to my Supervisor or Department Head. I will provide to the University written documentation (e.g., a written court record of the conviction or plea) that describes the criminal conviction(s) in question. If my position requires driving as part of my regularly-assigned duties, I will also provide such notice within the above timeframe in the event I am found guilty of a traffic violation. I understand that a willful failure to report a criminal conviction under this policy or to cooperate with University officials in regards to a reportable matter may subject me to disciplinary action, up to and including termination of University employment. Policy available at: <https://hr.unc.edu/policies-procedures-systems/spa-employee-policies/employment/reporting-of-criminal-convictions-for-currently-employed-faculty-and-staff/>
3. Federal law requires each new employee to complete the "Section 1 - Employee Information and Verification" section of the U.S. Citizenship and Immigration Services Form I-9 and to submit certain original documents for examination in order to certify and verify my 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 Department of Homeland Security's E-Verify Program. I understand that my employment will be terminated if I fail to comply with the Form I-9 employment authorization requirements and/or if it is determined that I am not authorized to work in the United States.
4. I certify that I am at least eighteen (18) years old, as required by State policy for all Permanent Staff employees. State law also requires employees to verify their compliance with the Federal Military Selective Service Act. My response is as follows:
 _____ (initial) I certify that I am required to be and have registered with Selective Service, OR
 _____ (initial) I certify that I am exempt from registering with Selective Service, OR
 _____ (initial) I certify that I am required to be and have NOT registered with Selective Service.
 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 in order to stay employed at the University. I understand that failure to comply with the registration requirement bars a person from State employment.
5. I understand I am required to provide my Social Security Number so the University can satisfy its income-reporting and withholding obligations under state and federal laws. Unless this sentence is marked through and initialed by me, I voluntarily permit the use of my Social Security Number for internal record keeping and information management operations. However, I understand I have been randomly assigned the Personal Identification Number (PID#) above, which the University will use instead whenever possible.

Employee's Initials: _____

Human Resources Rep Initials: _____

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6. I understand that the University offers its employees payment by direct deposit into a bank or credit union account of the employee's choice, and pay stubs will be provided to me electronically through the University's E-pay program and I will be able to view my pay stubs using Self Service within ConnectCarolina. My signature below certifies that I agree to payment by direct deposit, and will provide a voided check during my assigned Welcome to Carolina Orientation and complete the direct payroll deposit authorization (Form PR-8).
7. I understand that the rules governing my work schedule, meal and break periods, time records, pay day, wage-hour status (for overtime purposes), and the policies covering equal employment opportunity, reporting an on-the-job injury, workplace violence, illegal drugs in the workplace, prohibited harassment and discrimination are available on the Office of Human Resources website, hr.unc.edu. Questions regarding these policies may also be addressed to the appropriate department within the Office of Human Resources using the HR Connect online tool, located at hrconnect.unc.edu.
8. I authorize the University to withhold from my final paycheck the cost of any keys, uniforms, or other State-owned property I fail to return when my appointment ends, subject to 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 wage-hour requirements.
9. I will comply with the University's Department of Environment, Health and Safety (EHS) policies and procedures regarding vaccinations, medical surveillance or other 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, I will also comply with the requirements outlined in the "EHS Conditions of Employment" document per the time frames and frequency specified. Information regarding these requirements is available at: https://ehs.sites.unc.edu/files/2015/10/employment_condition.pdf or from my supervisor, my departmental Human Resources Representative or Manager, or by contacting EHS at 919-962-5507.
10. If I am engaged in health care activities, I will comply with any applicable reporting and other requirements in the University's policy on "Health Care Personnel Who Are Infected With Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus" (available at <http://ehs.unc.edu/manuals/ehsmanual/6-9/>).
11. I understand that the University has a "Smoke Free" policy, and I will not smoke in designated nonsmoking areas, as shown on the map at https://ehs.unc.edu/files/2015/10/smoke_free_zone_map.pdf and within 100 feet of any University buildings off main campus. I also understand that smoking in State-owned vehicles is prohibited.
12. I understand that the only employee benefit programs in which I am eligible to participate are the voluntary 403(b) and/or 457(b) supplemental retirement programs.
13. I understand that my appointment is for a period of twelve calendar months or less, if retained, from the date of my first work day at the University of North Carolina at Chapel Hill and that if I work for the University for 1500 hours or more within a 12-month period, my appointment must be terminated (effective no later than the last day of that 12-month period). I understand that I will not be eligible to be re-hired by the University in a temporary appointment, through a temporary agency or as an independent contractor, for a minimum period of 31 days after the date my appointment was terminated.
14. _____ (initials) **For retirees only.** I understand that State policy allows me, as a retiree, to work longer than twelve consecutive months regardless of the number of hours I work, and that my initials beside this condition certify that I am retired, am not available for (or seeking) permanent work, and have benefits (like health insurance) through my retirement plan.
15. I understand that in the event that I accept a permanent position with another North Carolina state agency or with another University department, I must inform my hiring department and terminate my temporary appointment.
16. I will not work for another State agency (including another university) as a regular, time-limited or temporary employee while employed by the University unless there is a dual employment relationship that has been approved in advance by the Office of Human Resources.
17. I understand that if I am in a non-immigrant status 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. PR-100 is completed at International Student and Scholar Services (ISSS) or the Payroll office. If I am in non-immigrant H-1B, O-1, E-3, TN, J-1, or F-1 status sponsored by UNC-CH I must report to ISSS as soon as possible after arrival in Chapel Hill pursuant to immigration regulations governing my immigration status. I must report any proposed changes in employment to ISSS. I will immediately report changes in immigration status to ISSS.
18. I will comply with the University's Policy Concerning Study, Travel, and Research in Countries Under U.S. State Department Travel Warnings and U.S. Centers for Disease Control Travel Notices at <http://provost.unc.edu/files/2012/10/UNC-Travel-Policy-10.18.2010.pdf>. Further, I understand that should I travel to a region affected by a pandemic or other serious public health threat, I must abide by the University's Pandemic and Communicable Disease Emergency Policy at <http://hr.unc.edu/?p=3869>. Additionally, I understand that employees are required to register all University-related international travel in the UNC Global Travel Registry (<http://globaltravel.unc.edu/>), which provides specific travel and risk-related guidance.
19. I will comply with the University's policies concerning the disclosure of "sensitive and confidential information," which includes, but is not limited to, the following: personal information under the N.C. Identity Theft Protection Act, confidential personnel information under the N.C. Human Resources Act, protected health information under the Health Insurance Portability and Accountability Act ("HIPAA"), student education records under the Family Educational Rights and Privacy Act ("FERPA"), and any information protected from disclosure under the N.C. Public Records Act. For example, sensitive and confidential information may appear in email, departmental files, and research records. I will maintain the confidentiality of sensitive and confidential information both during and after my employment with the University.

Employee's Initials: _____

Human Resources Rep Initials: _____

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20. I will comply with all departmental and University rules and policies, including but not limited to those policies listed on the University's policies website (policies.unc.edu) and on the Office of Human Resources website (hr.unc.edu).

C. SIGNATURES

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

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