

A. 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 will comply with the University’s Department of Environment, Health and Safety (EHS) policies and procedures regarding vaccinations, medical surveillance, reporting, workplace safety and required safety training within the first ten (10) business days of my employment and thereafter. I understand that additional EHS requirements will apply to me if my position places me in a health care environment or my duties involve health care; I agree to comply with these additional requirements. Information about EHS’s requirements is available on [the EHS website](#) or from my supervisor, my departmental Human Resources (HR) representative, or directly from EHS.
2. 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 or driving infraction in and of itself does not disqualify me from employment at the University. I also understand that in the event a criminal conviction record or driving infraction is discovered that was not disclosed on my background check questionnaire, I may be disqualified from employment in this position, and any other position at the University, for falsification of my employment application materials. I also understand that due to the nature of some criminal convictions and driving infractions, employment in certain positions at the University may be unavailable to me.
3. 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 relevant information as required by the University’s Policy: [Reporting of Criminal Convictions for Current Staff, Non-Faculty and Faculty Employees, Student Employees and Affiliates](#). 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 University employment.
4. I understand that a verification of education and professional credentials must be completed within ninety (90) calendar days from date of hire for SHRA and EHRA Non-Faculty employees. If my highest post-secondary degree was received from an accredited U.S. education institution, I understand that I may be required to furnish additional information and/or provide a signed release for the University to complete the verification. Further, if my highest post-secondary degree was received from an international educational institution, I understand that I will be responsible for obtaining a validation of the U.S. degree equivalency through an accredited credential evaluation services agency and I will be responsible for the costs associated with obtaining such validation. For more information, see the [Background Check Policy Supplemental Procedures](#). I understand that failure to complete the credentials verification process may result in disciplinary action up to and including termination.

5. I understand that I am required to complete a U.S. Citizenship and Immigration Services Form I-9 - Employment Eligibility Verification at the time of hire. Further, I am required to complete Section 1 of the Form I-9 on or before my first day of employment as well as present original and valid identity and employment authorization document(s) for Section 2 within three (3) business days of my first day of employment. In compliance with state and federal law, the University will verify that I am authorized to work in the United States using the federal E-Verify system. 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.
6. I understand that if I am in a non-immigrant status working for UNC Chapel Hill in the U.S., I am required to complete University for payroll tax withholding purposes on or before my first day of employment and should contact [Payroll Services](#) for directions.
7. I understand that if I am in non-immigrant H-1B, O-1, E-3, TN, J-1, or F-1 status sponsored by the University, I will contact International Student and Scholar Services (ISSS) as soon as possible to report my arrival in Chapel Hill pursuant to the regulations governing my immigration status. I will immediately report any proposed or actual changes in employment or immigration status to ISSS.
8. 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 Programs of any changes in my job responsibilities or employment status.
9. 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:
- A. ☐ I certify that I am registered with the Selective Services
- B. ☐ I certify that I am not required to be registered with the Selective Service because (select all that apply):
- | | |
|---|---|
| <input type="checkbox"/> I am female | <input type="checkbox"/> I am a non-immigrant alien |
| <input type="checkbox"/> I was assigned female at birth | <input type="checkbox"/> I was born before 1960 |
| <input type="checkbox"/> I am in the armed services on active duty (Reserves and National Guard are not active duty). | |
| <input type="checkbox"/> 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 an attached 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) calendar 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) calendar 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.

10. 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) calendar 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) calendar 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.
11. I understand I am required to provide my Social Security Number (SSN) 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.
12. I understand that the University [requires](#) its employees to receive all payments by direct deposit into a U.S. bank or credit union account of the employee's choice. I agree to payment by direct deposit. I agree to provide a 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 checks being held until direct deposit information is provided or in disciplinary action, up to and including termination of employment. I understand the University will provide me with paystubs and I will be able to view my pay stubs using the Self Service feature of ConnectCarolina. I understand that I am responsible for reviewing funds received from the University for accuracy via Self Service paystubs, and that I must notify my employing department immediately if I become aware of a possible overpayment. I understand that an overpayment is not an entitlement to keep unearned money and should not be spent since I will have to pay the money back via the University's [overpayment process](#).
13. 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.
14. I understand that if I am being paid with income subject to FICA taxes, the only employee benefit programs in which I am eligible to participate are the voluntary 403(b) and/or 457(b) supplemental retirement programs. Those being paid with income not subject FICA tax are ineligible to participate in these plans.
15. I understand that if I am an SHRA regular temporary employee at the University of North Carolina at Chapel Hill, I am limited to working no more than eleven (11) consecutive months from my hire date at the University. Once I have worked for the University for eleven (11) consecutive months, my appointment must be terminated, and I must take a state-mandated break in service for at least thirty-one (31) calendar days. I understand that I will not be eligible to be rehired by the University in a temporary appointment, through a temporary agency, or as an independent contractor during the thirty-one (31) calendar day break in service. EHRA Non-Faculty employees are not subject to

the mandatory thirty-one (31) calendar day break.

16. ____ (initial) **For SHRA State/Non-State of North Carolina retirees** I understand that State policy allows me, as an SHRA retiree, to work longer than eleven (11) 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 employment, and have benefits such as health insurance through my retirement plan.
17. 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.
18. I acknowledge that if I am participating in other employment or activities outside of the University, that my other employment or activities do not have any overlap or conflict of interest with state operations, including my position at the University, where there could be any actual, potential, or appearance of gains from a financial or personal relationship from these other employment opportunities.
19. 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.
20. 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 the University's [Office of Ethics and Policy website](#) for more information.
21. I understand that many University policies, including but not limited to the policies referenced in this document, are available online in the University's [Policy Repository](#) and on the University's Office of Human Resources [policy page](#). I understand it is my responsibility to periodically review these policies and comply with any revisions made to policy. 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. I agree to familiarize myself with this information and comply with all policies.
22. 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.



B. JOB OFFER

Offer of employment extended to:	
Personal Identification Number (PID#):	
EHRA Non-Faculty or SHRA:	
Position ID:	
Hourly pay rate or salary:	
Fair Labor Standards Act (FLSA) status:	
Effective appointment date:	
Supervisor:	
Department name:	
Department number:	

C. SIGNATURE

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