# CONDITIONAL OFFER LETTER TEMPLATE FOR REGULAR HEALTHCARE PROVIDER ASSIGNED TO WORK IN WESTERNU HEALTH FACILITY

***Date***

***Candidate Name***

***Candidate Address***

Dear [***Candidate Name***],

I am pleased to extend to you a formal offer of employment as the [***Position Title***], at WesternU Health, for Western University of Health Sciences (WesternU). We believe your background will be a positive asset to WesternU Health and WesternU.

Your appointment will begin on [***Date of Hire***]. Your responsibilities in this position are outlined in the job description you have reviewed upon application for the position.   
You will also be supplied with a hard copy to sign during your employee orientation. Modifications to this position may occur as situations warrant and at the discretion of the University. Formal appraisals of your work will occur at appropriate intervals and will be documented. This is a regular status appointment with a [\_***#\_***\_] FTE or **[ *#*** ] hours per week. Your initial annual base salary for this position will be $[***Annual Salary***]. There are 26 pay periods per year. All forms of compensation referred to in this letter are subject to applicable withholding and payroll taxes.

As the [***Position title***] you will report directly to [***Supervisor Name***], [***Supervisor Title***].

The WesternU [Employee Handbook](https://www.westernu.edu/media/hr/pdfs/employee-handbook.pdf) will provide general information about WesternU’s Human Resource policies. You also will be scheduled to attend a Human Resources Benefits/Orientation Program, where you will be presented specific information about Human Resources policies and benefits coverage eligibility/enrollment procedures.

Exempt full-time employees (FTE) will accrue one day of vacation for each of the 26 pay periods up to a maximum accrual of 48 days. Regular eligible part-time employees who are scheduled to work twenty (20) hours (.50 FTE) per week or more earn a prorated amount of vacation time based on their FTE. WesternU observes 12 holidays per year. Regular part-time employees who are scheduled to work twenty (20) hours per week or more, will receive prorated holiday time.

Health insurance is provided for all regular full-time and part-time employees actively working a minimum of 30 hours per week. Eligible employees are entitled to health care coverage on the first day of the month following the hire date. If your hire date is the first day of the month, then benefits are effective that day. The following link reviews WesternU’s benefits: <http://www.westernu.edu/hr/hr-benefits/>. Employees of WesternU may purchase a WesternU [Parking Permit](https://www.westernu.edu/security/parking-overview/employee-parking/) for use in specified parking lots. The parking fee is determined by the parking option that you choose.

The University offers a 403(b) Plan for eligible employees (generally employees who are scheduled to work at least 20 hours per week and who are not students). As a condition of employment, you must contribute 1% of our compensation to the Plan on a pre-tax basis. The University will contribute 1.5% of your compensation. You may defer additional amounts to the Plan on a pre-tax, or Roth after-tax basis. The University will match the first 4% of your elective deferrals as follows:

Employee Elective Deferrals University Matching Contribution1

1% 1.5%

2% 3.0%

3% 4.5%

4% 6.0%

As is required by WesternU policy, you will serve an introductory review period in your new position of 90 calendar days (3 months) beginning on your first day of employment. Your performance will be reviewed prior to the conclusion of your introductory period. If you and WesternU mutually agree at the conclusion of your introductory period, your employment in this position will convert to regular status. However, the completion of the introductory period does not affect the at-will nature of your employment.

By executing this letter, you hereby acknowledge and confirm that you have not entered into any agreement with your current or any former employer, and are not otherwise subject to any restrictions, that would limit or restrict in any manner your ability to (i) perform your duties as an employee of WesternU, or (ii) compete with your current or any former employer.

Please note that this offer of employment is conditioned upon the successful completion of a background screening process, if applicable. WesternU reserves the right to rescind and/or terminate any offers of employment and/or employment agreements with you should 1) you fail to complete the requisite steps associated with this letter; 2) the results of your background screening are not successful and/or 3) failure to comply with WesternU Health’s Employee Health Clearance Policy by submitting your vaccination records or declination(s) to [stu-emphealth@westernu.edu](mailto:stu-emphealth@westernu.edu) no later than your first day of employment. The WesternU Health Employee Health Clearance Policy and associated declination forms may be accessed via the following links: [enter the links to the policy and the declination forms].

Furthermore, pursuant to federal law, this offer of employment is contingent on you furnishing satisfactory evidence of identity and legal authority to work in the United States. In compliance with these laws, you must complete a Federal I-9 form. The completed, signed form, along with

1University has the right to change the amount of its matching contribution at any time.

the required documentation showing your identity and legal authority to work in the United

States will be coordinated with you by the Employment area in our Office of Human Resources for inspection on the first day of employment. **Failure to provide this documentation may result in a rescinded/revoked offer of employment.**

***This offer is valid for seven days from the date of receipt of this letter, after which time this offer becomes null and void*.**  If you wish to accept this employment offer and the terms and conditions **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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stated herein, please return to me a signed copy of this letter within the seven-day effective period.

If you have any questions regarding this offer, please contact [\_\_\_\_\_\_\_\_\_\_\_\_] at [\_\_\_\_\_\_\_\_\_\_\_\_].

On behalf of WesternU Health and all WesternU staff and faculty, we look forward with great anticipation to you joining our team!

With Best Regards,

*Hiring Authority*

*Title*

Endorsement:

I accept and understand the employment terms outlined above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date