Date: mm/dd/yyyy

First and Last Name Address Line 1

Address Line 2

Dear Name,

This letter is to confirm that you have been hired as a [Position Title] in [Name of Department]. This is a temporary position. Your first day of work will be [mm/dd/yyyy]. The scheduled weekly hours for this position are [Scheduled Weekly Hours]. **Your hourly rate is $[0.00].** Workers in temporary positions are not eligible for Penn benefits, except to the extent required by applicable law. We anticipate that your services as a temporary worker will be needed through [mm/dd/yyyy]. This date, however, is subject to change.

# Details About The Role

This position is non-exempt, meaning that you are eligible for overtime pay for any week in which your work hours for the week exceeds your scheduled weekly hours. Overtime for hours worked beyond 40 in a work week is paid at one and one-half times your regular rate of pay. In addition to this work time, you may also be provided an unpaid meal period of at least 30 minutes in length. We will work with you to determine your daily schedule, including your start and end times as well as the timing and length of any unpaid meal period. Non-exempt employees are paid weekly on Fridays for hours worked during the previous Monday through Sunday pay period.

You are not under any employment contract. Rather, your employment is at will, which means that that either you or the University may terminate your temporary employment relationship at any time and for any reason.

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# COVID-19 Precautions

Penn COVID-19 Response: To reduce the risk of COVID-19 spreading within the Penn community, all new hires must be fully vaccinated prior to their start date based on the guidance given to Penn by the Philadelphia Department of Public Health. To begin work, **vaccine information must be provided in Workday on the first day of employment**. Faculty, staff, and postdocs are required to receive the primary series of the COVID-19 vaccine (two doses of mRNA vaccine or one dose of Johnson & Johnson) unless they have an approved medical or religious exemption and are strongly encouraged to be boosted. Faculty, staff, and postdocs should upload their vaccine information into [Workday](https://urldefense.com/v3/__https:/www.myworkday.com/upenn/login.htmld__;!!IBzWLUs!EHjZPhfa5n631tETU1i68jDsZeN5Vgjeb5uzOcvx2ssCH8kwNNGeQR5l9XOvsOM$). Step-by-step instructions for uploading vaccine information into Workday can be found here: [Self Service: Enter Vaccination Information](https://www.workday.upenn.edu/docs/default-source/tip-sheets/self-service-enter-vaccination-information.pdf?sfvrsn=616b9356_33).For more information on Penn COVID-19 response and to ensure that you are compliant with Penn’s vaccine requirements please visit the [Penn COVID-19 Response website](https://coronavirus.upenn.edu/) for the latest information.

Failure to comply with Penn’s COVID-19 response will result in disciplinary action, up to and including termination.

Thank you for doing your part and keeping your communities healthy and safe.

Sincerely yours,

Signature, if possible (ex. scanned, image etc.)

**[Print Supervisor's Full Name]**

**[Supervisor's Professional Title]**

Date: [mm/dd/yyyy]

*My signature below indicates my acceptance of this offer and its terms, and my authorization to receive my pay as outlined above. I understand that continued satisfactory performance is a necessary condition of continued employment. I acknowledge that my employment is at will, that this offer is not an employment contract, and that my employment may be terminated at any time for any reason, including but not limited to unsatisfactory performance, misconduct, workforce restructuring or completion of my temporary assignment.*

*My signature below also indicates that as an employee of the University, I am placed in a position of confidence and trust. My appointment may give me access to confidential information, the unauthorized disclosure of which could cause irreparable damage to students, staff, faculty, alumni, patients, affiliates, agents or contractors of the University. In accepting this position, I agree that during and after my employment with the University, I will not use or disclose any confidential information except as may be necessary and appropriate in fulfillment of my duties, and I further agree to maintain the confidentiality and security of University information in accordance with University information-security policies as they may be amended from time to time. I also agree to maintain the confidentiality of my password for all systems that I use to access confidential information. \**

By checking this box and signing my name below, I acknowledge that my signature, whether electronic or otherwise, constitutes as a legal signature.

Signature:

[Department to Print Temporary's Worker's Full Name Here]

Date: **[mm/dd/yyyy]**

*\*Should you have any questions regarding appropriate use, disclosure and protection of confidential information, please contact Penn’s Chief Privacy Officer or Information Security Officer.*