

SECTION 4.15 TYPES AND SAMPLES OF OFFER LETTERS

Updated: 7/15

Offer letters should, at a minimum, address the following:

- **Salary** (To offer in excess of the minimum, you must submit a request for an advanced appointment rate to your Personnel Officer at DAS-HRE.)
- **Start date** (If the selected applicant is a current state employee, the start date should be at the beginning of a pay period.)
- **Date, time, and location** the applicant is to report on the first day of employment and who will meet the applicant.
- **Benefits** (If the selected applicant is a current state employee and is moving from contract to non-contract, full-time to part-time, etc., address the changes to insurance and other benefits. New hires may appreciate receiving a list of benefits in the letter and when they will become eligible. Your Personnel Assistant should be able to provide this information.)
- **Position status** (Identify whether the position is contract covered, merit covered, or exempt from either or both.)
- **Probationary period**, if applicable. (Non-merit, non-contract employees do not serve a probationary period.)
- **Signature line** for selected applicant's signature indicating acceptance.

Other items that may be appropriate to address:

- Conditional offer contingent on successful completion of a background check, criminal history check, abuse registry, etc. (Must have a background check policy on file with DAS-HRE.)

**SAMPLE OFFER OF EMPLOYMENT LETTER
FOR MERIT AND CONTRACT-COVERED POSITIONS**

Date

Name
Address
City, State, Zip Code

Dear *(first name)*:

The *(Insert agency/authority name)* is pleased to confirm the offer extended you to join *(insert agency/bureau)* in the position of *(insert job title)*, reporting to *(insert supervisor's name)*. Your employment will begin on *(insert date)*. Please report to *(insert supervisor's name)* at *(time)* at *(job location)*.

This offer is contingent upon *(insert agency name)* *(include post offer conditions-for example, background check, criminal history check and/or abuse registry check)*.

Your starting salary for this full-time position (merit and collective bargaining covered) is *(insert salary)* per year. You will be paid on a bi-weekly basis and wages are subject to normal withholding. You will receive your first paycheck on *(insert paycheck date)*, which will include wages for *(insert first day of work and pay period end date)*. You will be eligible to participate in a comprehensive benefits program, which includes medical and dental insurance, life and long-term disability, a Flexible Spending Account, deferred compensation, paid holidays, annual leave and sick leave, and IPERS (Iowa Public Employees Retirement System).

As a condition of employment, you will be expected to abide by State and Agency policies and procedures. You will be required to sign acknowledgement of policy and procedures. You will be required to show proof of citizenship or eligibility to work in the United States. Please bring appropriate documents with you on your first day of work.

Additionally, you will be in probationary status the first six months of your employment. During that time, you have all rights of a permanent employee with the following exceptions: you will not be eligible for promotional certification, voluntary demotion or transfer, and your appointment may be terminated without right of appeal.

I look forward to your joining the *(insert agency/bureau)* team. If you have any questions, please feel free to call me at *(insert phone number)*.

Sincerely,

(Insert name)
(Insert signature/title)

Please specify acceptance or rejection of this offer by returning this form with your signature.

(Applicant's name)

Date

This offer will terminate *(insert number)* days from the date of this letter.

cc: Personnel File

**SAMPLE OFFER OF EMPLOYMENT LETTER
FOR AT-WILL POSITIONS**

Date

Name
Address
City, State, Zip Code

Dear *(first name)*:

The *(Insert agency/authority name)* is pleased to confirm the offer extended you to join *(insert agency/bureau)* in the position of *(insert job title)*, reporting to *(insert supervisor's name)*. Your employment will begin on *(insert date)*. Please report to *(insert supervisor's name)* at *(time)* at *(job location)*.

This offer is contingent upon *(insert agency name)* *(include post offer conditions-for example, background check, criminal history check and/or abuse registry check)*.

Your starting salary for this full-time, at-will position (merit and collective bargaining exempt) is *(insert salary)* per year. You will be paid on a bi-weekly basis and wages are subject to normal withholding. You will receive your first paycheck on *(insert paycheck date)*, which will include wages for *(insert first day of work and pay period end date)*. You will be eligible to participate in a comprehensive benefits program, which includes medical and dental insurance, life and long-term disability, a Flexible Spending Account, deferred compensation, paid holidays, annual leave and sick leave, and IPERS (Iowa Public Employees Retirement System).

As a condition of employment, you will be expected to abide by State and Agency policies and procedures. You will be required to sign acknowledgement of policy and procedures. You will be required to show proof of citizenship or eligibility to work in the United States. Please bring appropriate documents with you on your first day of work.

Your employment is at-will, voluntarily entered into and is for no specific period. You are free to resign at any time, for any reason or for no reason. The *(insert agency)* is free to conclude its at-will employment with you at any time, and without cause, and with or without notice. The conditions of your employment may change as operational needs dictate. *(If agency statute includes any pre-termination hearing or appeal process, modify this statement as appropriate)*.

I look forward to your joining the *(insert agency/bureau)* team. If you have any questions, please feel free to call me at *(insert phone number)*.

Sincerely,

(Insert name)
(Insert signature/title)

Please specify acceptance or rejection of this offer by returning this form with your signature.

(Applicant's name)

Date

This offer will terminate *(insert number)* days from the date of this letter.

cc: Personnel File

**SAMPLE APPOINTMENT LETTER
FOR TEMPORARY/SEASONAL POSITIONS**

Date

Name
Address
City, State, Zip Code

Dear *(first name)*:

This letter confirms your appointment to a *(insert temporary or seasonal)* position in the *(insert division/bureau)*. You will report to *(insert supervisor's name)*. Your employment will begin on *(insert date)*. Please report to *(insert supervisor's name)* at *(time)* at *(job location)*.

Your hourly rate for this *(insert temporary or seasonal)* position is *(insert hourly rate)*. You will be paid on a bi-weekly basis and wages are subject to normal withholding. You will receive your first paycheck on *(insert paycheck date)*, which will include wages for *(insert first day of work and pay period end date)*. As a *(insert temporary or seasonal)* employee, you are not eligible for benefits.

As a condition of employment, you will be expected to abide by State and Agency policies and procedures. You will be required to sign acknowledgement of policies and procedures. You will be required to show proof of citizenship or eligibility to work in the United States. Please bring appropriate documents with you on your first day of work.

Your employment is *(insert temporary or seasonal)*, voluntarily entered into and will conclude *(insert anticipated duration of employment)*.

If you have any questions, please feel free to call me at *(insert phone number)*.

Sincerely,

(Insert name)
(Insert signature/title)

I understand and acknowledge the terms and conditions of the *(insert temporary or seasonal)* appointment.

(Applicant's name)

Date

cc: Personnel File

SAMPLE INTERNSHIP APPOINTMENT LETTER

Date

Name

Address

City, State, Zip Code

Dear (*first name*):

This letter confirms your appointment to an intern position at (*insert name of agency*). You will report to (*insert supervisor's name*). Your internship will begin on (*insert date*). Please report to (*insert supervisor's name*) at (*insert time*) at (*insert location address*).

(*Use the following paragraph for paid internships only.*)

Your hourly rate for this internship is (*insert hourly rate*). You will be paid on a bi-weekly basis and wages are subject to normal withholding. You will receive your first paycheck on (*insert paycheck date*) which will include wages for (*insert first day of work and pay period end date*). As an intern with the State of Iowa, you are not eligible for benefits [[11 IAC-57.6\(2\)](#)].

As a condition of appointment to an internship, you will be expected to abide by State and Agency policies and procedures. You will be required to sign acknowledgement of policies and procedures. You will be required to show proof of citizenship or eligibility to work in the United States. Please bring appropriate documents with you on your first day of work.

Your internship is temporary, voluntarily entered into and will conclude (*insert anticipated duration of internship*).

To be enrolled in the State of Iowa internship program, you must complete a State of Iowa Application for Employment from the Department of Administrative Services website (<https://das.iowa.gov/human-resources/state-employment>).

Congratulations. We look forward to having you as an intern with (*insert the name of the agency*). If you have any questions, please feel free to call me at (*insert a phone number and include an email address if appropriate*).

Sincerely,

(*Appointing Authority/Personnel Assistant Name*)

(*Appointing Authority/Personnel Assistant Title*)

(*Contact Information*)

I understand and acknowledge the terms and conditions of the internship appointment.

(*Applicant's name*)

Date

cc: Personnel File