

Date

Student's Name

Address

Dear (Student Name)

Congratulations. The Department of (Insert Name) is pleased to offer you a (Title as stated in BX contract) position for the (Fall, Winter, Spring, Summer) 2004-05 quarter. Your (Fall, Winter, Spring, Summer,) 2004-05 appointment as a (Title) will begin on (first day of the quarter) and ends no later than three (3) business days after the final examination or completion of duties, whichever is sooner. Your appointment is ___ % of fulltime. Your appointment payment rate will be \$ ____ a month*.

This position is covered by a collective bargaining agreement between the University of California (UC) and the Association of Graduate Student Employees/United Automobile Workers (AGSE/UAW) Local 2865. An electronic copy of the UC and AGSE/UAW collective bargaining agreement can be accessed at http://atyourservice.ucop.edu/employees/policies/systemwide_contracts/uaw/index.html. The collective bargaining agreement between UC and AGSE/UAW requires that your name and departmental address be released to AGSE/UAW. Additionally, state law mandates that employees pay either membership dues or an agency fee to their exclusive representative (unions). AGSE/UAW's membership dues are 1.15% a month of total gross pay and its agency fee is .92% a month of total gross pay.

Graduate students appointments of 25% or greater are entitled to a GSHIP Premium Remission, Educational and Registration Fee Remission, and other applicable benefits as set forth in the collective bargaining agreement. Specific eligibility requirements and percentages of each remission are contained in the collective bargaining agreement.

If you would like to accept the (Title) position in the Department of (Insert name), please notify me in writing no later than (due date to respond) indicating your accept or declination of this appointment. Failure to accept this offer by (due date to respond) will nullify this offer in its entirety. Should you have any questions regarding your appointment, please feel free to contact _____. S/he can be reached at _____. We look forward to your response.

Sincerely,

Name

Title

I _____ accept. I _____ decline the above appointment.

Signature of Prospective ASE

Date Signed

*Effective October 1, 2004, the salary rate may be modified.