«CURRENT\_DATE»

«TITLE» «FIRSTNAME» «LASTNAME»

«ADDRESS\_1»

«ADDRESS\_2»

«CITY», «PROVINCE» «POSTAL»

Dear «TITLE» «LASTNAME»,

Welcome to Vancouver Island University! I am pleased to offer you the temporary position of:
Title: Project Personnel
Department: <>

Start Date: <>

End Date: <>

Biweekly Salary: <IMPORTANT: is vacation part of the salary or will they receive 4% on top of salary? – **Be very clear**>

Status: Temporary <Full Time or Part Time>

Hours & Days of Work: <# of hrs/day (Max 35/week), which days, specific hours>

This appointment may end early or be extended as required depending on funding and work availability. <Any extension needs Executive and Human Resources Approval>

It is my expectation and that of VIU that the following outcomes/deliverables will be met at the conclusion of this appointment:

* <List Expectations and/or Duties – be as specific or general as you wish – this is what they will be judged on if there are issues on meeting deliverables/expectations>

This appointment is covered by the provisions of the BC Employment Standards Act, BC Human Rights Code and Vancouver Island University Policies and Procedures.

**< Pension (See notes\* below)>**

*Mandatory Enrolment:*

Enrolment in the Municipal Pension Plan is mandatory and will take effect either on the day after your 1st work anniversary of this employment contract (below Reason 1) **OR** on the first day of your appointment (below Reason 2 and 3). If you would like more information on the plan, please visit the Municipal Pension Plan website at: <http://www.pensionsbc.ca/portal/page/portal/pen_corp_home/mpp_home_page/>.

**OR**

This appointment does not provide eligibility for pension

\* Pension Notes (Please note that these requirements can be met under multiple appointments with different projects):

Mandatory:

Reason 1:

For appointments of 1 year or greater at **Full Time** = mandatory Employee enrollment in Municipal Pension Plan at the conclusion of year 1 and onward

Reason2 :

For employees who already contributing to the MPP through another MPP employer

Reason 3:

New employees who were contributing to the Plan through a previous employer where the break in employment is one month or less

Optional

For all Part Time appointments 2 requirements must be met:

1. The employee earns 35% of the YMPE for two (2) consecutive calendar years, and
2. Works with the employer for 2 continuous years (without a break of employment)

The Employee will have the **option** to enroll at the end of the second year

YPME – Yearly Maximum Pensionable Earnings as defined by Revenue Canada each year.

2018 YMPE = $53,600

*Optional Enrolment:* You have the option of enrolling in the Municipal Pension Plan subject to a) you earn 35% of the YMPE for two (2) consecutive calendar years, and

b) you work with the employer for 2 continuous years (without a break of employment). The Employee will have the **option** to enroll at the end of the second year

Should you elect not to participate in the Plan at this time, you must sign the attached *Waiver of Pension Coverage* and return it to the Payroll Department within 30 calendar days. If the completed *Waiver* is not received within 30 calendar days, you will be automatically enrolled in the Plan, and once enrolled you must continue to contribute. If you waive optional enrolment at this time, you can elect to enrol at a later date; however, if you subsequently obtain regular employment, become regularized or your earnings reach a certain level in a calendar year, enrolment will become mandatory. If you would like more information on the Plan, please visit the Municipal Pension Plan website at <http://www.pensionsbc.ca/portal/page/portal/pen_corp_home/mpp_home_page/>

**<See eligibility for Benefits>**

The appointment provides eligibility for coverage under VIU’s benefit plans. The Employee Benefits Coordinator will contact you to discuss your coverage.

This appointment does not provide eligibility for sick leave. Any leaves for medical reasons will be leave without pay.

OR

This appointment does not provide eligibility for benefits or sick leave. Any leaves for medical reasons will be leave without pay.

**Eligibility for Benefits**

To be eligible for Dental, Extended Health and MSP benefits, the appointment for the employee must be :

* 5 months or greater
* 40 hours or more biweekly

To be eligible for Group Life and AD&D insurance benefits, the appointment for the employee must be:

* 10 months or greater
* 17.5 hours or more weekly

All employees are required to attend the Health and Safety Workshops:

* *Health & Safety Services Orientation* and
* *Workplace Hazardous Materials Information System* (*WHMIS)* Workshop.

Registration for Health and Safety Services workshops can be found on the VIU Health and Safety webpage under Training. Once you receive your VIU login credentials you will have access to this training portal.

Also required is the Human Rights and Diversity Workshop:

* *Preventing and Addressing Workplace Harassment – Rights & Responsibilities.*

To take the online course, please go to[*https://training.frameassociates.com*](https://training.frameassociates.com) and follow the instructions provided. The username you will use is VIUtraining and the password is respect17.

VIU is requesting that all employees declare their COVID-19 vaccination status. If you are vaccinated and choose to declare this information, you do not need to take further steps. If you are unvaccinated or choose not to disclose your status you may receive, through a direct email, more information about rapid testing or other secondary health and safety measures you may be required to take.   The attached link will provide the instructions to declare your status <https://aurora.viu.ca/employees/payroll#COVID19>

Please indicate acceptance of this appointment by signing the duplicate copy of this letter and returning it to the Human Resources Department on or before «RETURN\_DATE».

I would like to once again welcome you to Vancouver Island University. Please feel free to contact me at 250 740-<<Local>> should you require assistance.

Yours truly,

<Name>

<Administrative Supervisor>

cc: <Dean/Director/Campus Principal>

 Human Resources

Please sign and return one copy of this letter.

*I accept the position offered under the terms specified.*

|  |  |
| --- | --- |
| Signature: | Date: |
| Full Name: | Phone Number: |
| Social Insurance Number: | Birth Date: |