**Last Updated: March 15, 2018**

**Instructions:**

1. Use this template for students you want to admit into your degree program AND offer financial support through employment as a graduate assistant (TA, RA, or GA).
2. Add other information that may be pertinent to the admission of the student.
3. Awards not related to a work assignment such as scholarships and fellowships, etc., can be included in this letter.
4. The details of the proposed GA appointment should be described in a separate letter of appointment.
5. If more than one academic or administrative unit are making commitments for employment, two separate Letters of Appointment should be provided to the student.
6. Remove language from header and footer.

**Date:**

**Name of Appointee:**

**UFID:**

**Classification Title:**

**Employing Department/Unit:**

**FTE:**

**Annual [or Academic] Rate of Pay:**

**Bi Weekly Rate of Pay:**

**Begin Date:**

**End Date:**

**Evaluation Date:**

**Special Conditions:**

**Terms and Conditions:**

Your duties and responsibilities include, but are not limited to, [insert description of duties and responsibilities -- Example – lecturing, teaching discussion sections, holding regular office hours, responding to the academic needs of your students, grading, assigning grades, course administration,  preparation for the next semester, and other duties as assigned. If this appointment includes a research assignment, include the duties and responsibilities here] Your work activities are to be coordinated with your supervisor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name and title of supervisor].

Your stipend will be accompanied by a tuition waiver for the minimum required registration (9 credits each Fall and Spring, 6 credits in Summer C). You are reminded that while tuition is included in your assistantship, all students are responsible for the fees associated with each credit hour of registration. Detailed information on current tuition and fees can be found at the following website: <http://www.fa.ufl.edu/bursar/current-students/>.

As a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [title of position], and if you are appointed .25 FTE or greater, you are eligible to enroll in the GatorGradCare health insurance plan. Effective August 2018, there is a nominal monthly premium of $10.00 for your individual coverage. This premium will be collected through payroll deduction.  GatorGradCare enrollees who include coverage for their dependent(s) on their online enrollment are responsible for the dependent premium.

Enrollment in GatorGradCare is not automatic.  To participate you must submit your GatorGradCare enrollment during the designated enrollment periods and must re-enroll in GatorGradCare each academic year to continue coverage. The enrollment period for annual/fall coverage is June through September 14. The enrollment period for spring/summer coverage is October through January 30.  The enrollment period for summer only coverage is March through May 16.  Information about the GatorGradCare plan and the link to the online enrollment can be found at the following website: <http://hr.ufl.edu/benefits-rewards/health/gatorgradcare/>

The University of Florida has a mandatory health insurance requirement for all newly admitted students who are enrolled at least half time in a degree-seeking program and are attending any campus of the University of Florida.  Students are required to show proof of adequate health insurance as a condition of enrollment.  It is important that you check ONE.UF to review the mandatory health insurance requirement hold on your academic record and read and agree to the policy.  More information including insurance coverage guidelines, frequently asked questions, how to submit one's insurance information and more, can be found at [http://healthcompliance.shcc.ufl.edu/](http://studentinsurance.shcc.ufl.edu/)

If you enroll in GatorGradCare, this coverage meets the mandatory health insurance requirement.  You do not need to do anything else after submitting the GatorGradCare enrollment through the enrollment site and agreeing to the mandatory health insurance requirement policy through your ONE.UF account.  Because of the timing, you will see the charge for the school-sponsored plan on your account until your GatorGradCare eligibility is confirmed.  You **should not** pay this charge because it will be removed once your GatorGradCare eligibility is confirmed after the drop/add period.

Pending available funding, we plan to continue your appointment for \_\_\_\_\_ [indicate academic or calendar] years. This appointment will be renewed annually, conditional upon the availability of funding, satisfactory performance, maintenance of the required registration, and an overall graduate GPA of 3.0 or higher, as well as compliance with the terms and conditions of this Letter of Appointment, and the applicable rules, regulations, policies and procedures of the University of Florida. If you meet the state’s eligibility requirements for Florida residency status, you will be expected to apply for Florida residency as soon as you are eligible. Detailed information on applying for Florida residency can be found at the following website: <http://www.admissions.ufl.edu/residency.html>

This appointment between you, the appointee, and the University of Florida, is subject to the constitution and laws of the State of Florida, the rules of the Florida Board of Governors, the University of Florida’s Board of Trustees, and the Collective Bargaining Agreement.

Under the Immigration Reform and Control Act of 1986, the University of Florida is required to verify the identity and work authorization of all new employees. As a federal contractor, the University of Florida also participates in E-Verify, the federal on-line verification system. To comply with these requirements, on or before your first day of employment, you must complete Section 1 of Form I-9. Additionally, you must present documents that verify your identity and work authorization within the first three business days after your start date. Should you fail to provide the appropriate documentation by the end of the third business day as required by law; your appointment will be terminated until you can provide such documentation.

If you do not meet all of the eligibility requirements outlined in this Letter of Appointment and in the Graduate Student Handbook (<http://graduateschool.ufl.edu/media/graduate-school/pdf-files/handbook.pdf>), including maintaining the minimum registration requirement for your Appointment, all tuition payments will be voided and rescinded. You agree that any change in eligibility of academic or employment status after your **graduate tuition** payment is processed will result in the **original payment liability being reassigned to you.**

Please review the details of the offer in this Letter of Appointment and, if you agree to all of its terms and conditions, return a signed copy to me as soon as possible, but no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert the date the letter must be returned]. Such acceptance will not be considered a waiver of your right to process a grievance concerning this appointment, pursuant to any applicable law, rule or provision of the Collective Bargaining Agreement. This appointment shall not create any right, interest, or expectancy in any other appointment beyond its specific term.

We are excited about your acceptance of our offer of appointment. We will have additional paperwork for you to complete prior to the beginning of the \_\_\_\_\_\_\_\_ [insert semester] semester in order to complete your appointment. We will contact you after we have received this signed Letter of Appointment to schedule an appointment for you. Please do not hesitate to contact me at (352) \_\_\_-\_\_\_\_\_\_ [insert phone number] or by e-mail at \_\_\_\_\_\_\_\_\_\_\_ [insert email address] if you have any questions about this letter.

Sincerely,

Name From

Signature of Employee

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

Employee: Date Name of Supervisor: