Name

Address

Dear \_\_\_\_\_\_\_\_\_\_:

This letter is to formally offer you the position of <Classification Title> position <# 0000000>, in the <Department> at the University of Florida. This appointment is a full-time, time-limited TEAMS non-exempt position with a starting rate of pay of <$XX.XX> per hour and is effective <date>. This offer is contingent on a successful pre-employment screening which includes a review of criminal records, reference checks, verification of education, and any health assessments that may be required. Pursuant to University Regulations, your appointment is renewable annually at the discretion of the University.

As a TEAMS non-exempt employee, you will serve an initial six-month probationary period. Upon successful completion of the probationary period, the appointment is renewable annually at the discretion of the University. However, in accordance with University of Florida rule 6C1-3.054, funding for this position is time-limited and may be eliminated or reduced as a result of conditions beyond the control of the University of Florida, which may result in termination of your employment.

As discussed during your interview, the principal duties and responsibilities assigned to this position are <job duties from position description here>. To accept this position, please sign and return this letter to my office or provide me with a separate letter of acceptance.

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 of your start date. Should you fail to provide the appropriate documentation by the end of the third business day as required by law, you will be terminated until you can provide such documentation.

You may be eligible for state or university benefits. To determine your eligibility, please review the benefits eligibility chart located at <http://hr.ufl.edu/benefits-rewards/my-benefits/eligibility/>. Eligibility for state plans is determined by People First based on certain criteria. Prior State of Florida service may impact eligibility for benefits with this appointment. If you have questions regarding eligibility, please contact People First at 1-866-663-4735, or University Benefits at (352) 392-2477 or benefits@ufl.edu. Please note, enrollment in benefit programs is not automatic. If eligible, you will have 60 calendar days from your hire date to enroll in benefits. Please visit <http://hr.ufl.edu/benefits-rewards/> for plan information and enrollment instructions.

You are required to participate in at least one of the retirement programs offered by the State of Florida, unless you have received a pension or distribution of employer contributions, including a rollover, from a retirement plan administered by the State of Florida.  If you have received a distribution as described, you are not eligible to participate or renew membership in a State of Florida retirement plan. Otherwise, an employee contribution of 3% is mandatory and you may select the retirement plan you wish to enroll.  For more information, please attend new employee orientation or visit the UF Retirement website at <http://hr.ufl.edu/benefits-rewards/retirement/>.  Should you have questions regarding benefits or retirement, please contact University Benefits and Retirement at (352) 392-2477.

For information on vacation and sick leave accruals and holidays, please visit the Leave Administration website at <http://hr.ufl.edu/benefits-rewards/time-away/> or see your employee handbook.

The staff of <Department> and I are delighted to have the opportunity to work with you. Should you have any questions, please let me know.

Sincerely,

Name

Title

I understand and accept the conditions of this appointment as outlined above.

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Employee’s name Acceptance Date