**Last Updated: February 2016**

DATE

NAME

ADDRESS

Dear NAME,

We are pleased to extend an invitation to you to join the faculty of the Department of NAME.

Your appointment will be as a <CLASSIFICATION TITLE> (PS #xxxx) with the Department of <NAME> in the College of <NAME>. This is a full time (1.00 FTE), nine-month/twelve month, non-tenure accruing position. Your salary will be $###, at a biweekly rate of $####. Your appointment period is <DATE through DATE>.

This offer of employment is contingent on a successful pre-employment screening which includes a review of criminal records, reference checks, and verification of education. In conjunction with education verification, an official copy of your transcript for your highest degree must be submitted by mm/dd/yyyy or prior to the start date of your employment. Official transcript must be either delivered in a sealed envelope to xxxxxxx or emailed directly from the institution to [xxxxx@ufl.edu](mailto:xxxxx@ufl.edu). Degree acquired from a non-US institution must be evaluated by an education credentialing agency approved by National Associations of Credentialing Evaluation Services (NACES). Additionally, 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; your appointment 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 program 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 program 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 any 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 call (352)392-2477.

Your employment will cease on the date indicated in this letter of appointment. No further notice of cessation of employment is required. <if applicable - Any reappointment beyond these dates is discretionary and will be dependent upon availability of funding, department needs, and your satisfactory performance of assigned duties.

Attached you will find additional information regarding the details of your appointment. Should you have any questions regarding this appointment, please do not hesitate to contact NAME.

Please indicate your acceptance of this appointment by signing the line below and returning a copy of this letter to me as soon as possible, but not later than DATE.

All of my colleagues join me in hoping you will decide to become a member of our faculty. We believe you will find that the opportunities for professional development are limited only by your interest and ability.

Sincerely,

NAME NAME,

TITLE and Chair Dean

I understand and accept the conditions of this Letter of Offer.

Accepted:

NAME Date