

HR FORUM



WELCOME

May 2, 2018

WORKING TOGETHER

FOR THE

GATOR GOOD



Agenda

- Best Practices
- Animal Contact Program (EH&S)
- OPS Review File
- OPS Job Code File
- Benefits Reminders
- Important Dates



UF UNIVERSITY of
FLORIDA

HR FORUM

Best Practices SERIES

WORKING TOGETHER

FOR THE

GATOR GOOD

Best Practices for Managers

when onboarding new employees



Large amounts of time and money are invested in searching for and recruiting new employees. Organizations lose when the new employee is disenfranchised at the beginning of his or her employment. Productivity and positive engagement can be affected.

Engage
Retain



Be productive

The Aberdeen Group reported that 66 percent of companies with onboarding programs claimed a higher rate of successful assimilation of new hires into company culture, 62 percent had higher time-to-productivity ratios, and 54 percent reported higher employee engagement.

In a 2009 study by the Aberdeen Group . . .

86%

of employees decide
to stay within their
first 6-months

*Provide managers with best practices
for onboarding & induction*

EASY & Straight-forward

Quick glance guidance with
checklists & resources

chunks



BEST Practices for Managers when onboarding new employees

1. Create a **Welcome** packet*
2. Send packet with a warm and welcoming email*
3. Design a fully prepared workspace*
4. Create a detailed onboarding plan*

**In some departments this task is completed by the HR Rep.*

Helpful Resources for Managers

Welcome checklist
Setting up a workspace checklist
Onboarding plan template
Preparation and process for system security roles for DSA & manager

Onboarding is the process of integrating and acculturating new employees into the organization and providing them with tools, resources and knowledge to become successful and productive.

– *Getting On Board, A Model for Integrating and Engaging New Employees, Partnership for Public Service, 2008*



BEST Practices for Managers when onboarding new employees

1. Enthusiastically **WELCOME** the new employee
2. Use the first day checklist to show that you are prepared for the new employee
3. Connect the new employee to the team members, HR Rep, and his/her buddy
4. Explain expectations and onboarding plan
5. Have lunch together

Helpful Resources for Managers

First-day checklist & sample itinerary

The benefits of assigning a buddy for your new hire

Articulate expectations and provide feedback on these expectations

HR Conversations with new employee

FIRST DAY CHECKLIST

Best Practices for Managers when onboarding new employees.

Onboarding assists organizations in ensuring that new employees are up and functioning as soon as possible. If the onboarding process is implemented properly, it will enhance new employees' transitions into the organization and help them become more engaged.

– Workforce Management, 2009a

Practice	Tasks	✓
Enthusiastically WELCOME the new employee	Prepare work area with a clean desk and chair, stock the necessary supplies, removed non-essential items and organize the space	
	Set-up computer with software and all needed components	
	Set-up phone including their name	
	Have a name plate available for their office area	
Show that you are prepared for them	Schedule orientation meetings with appropriate team members and staff	
	Prepare a detailed Onboarding plan (see templates)	
	Have Email account ready	
	Provide a welcome card or small gift	
Connect the new employee to other people and the new hire's buddy	Review the Buddy System Process	
	Select and notify a buddy	
	Arrange a meet with the buddy	
	Schedule one-on-one "Meet the Team" meetings	
	Give a tour of building, lunch area, restrooms (Manager or Buddy)	
	Have lunch together with Manager and/or Buddy	
Manager explains the expectations and onboarding plan	Meet with the new hire to discuss expectations and policies	
	Provide opportunities for questions about the expectations	
	Review onboarding plan	
	Set milestones and specific deadlines for the first week	

buddy system





BEST Practices for Managers when onboarding new employees

TRAINING

1. Assign required training such as HIPAA and Maintaining a Safe and Respectful Campus
2. Prioritize training for system(s) access
3. Intersperse training with job-related tasks

EXPECTATIONS AND FEEDBACK

1. Establish weekly check-in meetings to discuss performance expectations and provide feedback, these meeting are ongoing and continuous
2. Set short-term goals with specific deadlines and discuss completion in weekly check-in.
3. Reduce uncertainty whenever possible

BUILD RELATIONSHIPS

1. Meet with your new hire daily during the first week, be available to provide direction
2. Connect the new hire with team members and the customers they serve
3. Set up time for the new hire to meet senior leaders

BENEFITS AND REWARDS AT THE UNIVERSITY OF FLORIDA

1. Inquire about the new hire's progress signing up for health, retirement, and other benefits
2. Connect new hire to GatorPerks

Helpful Resources for Managers

First 30-days checklist and questions to ask during a weekly check-in

Guidelines for organizing training for the best learning

Building Relationships for Success

QUESTIONS FOR THE WEEKLY CHECK-IN MEETING

Develop a meaningful weekly agenda to help your check-in meetings stay on task. You can have your employee write the following:

- Summarize your accomplishments for the week
- Specify your short-term goals for your current projects (next 1-2 weeks)
- List your long-term goals (as a way to keep us both focused on the “bigger picture”)
- Mention any roadblocks you are experiencing with your work
- List your “high” and “low” of the past week. (Hopefully “lows” are few and far between.)

Questions to ask during a weekly check-in.

1. Do you have the resources necessary to complete your University, department, and work-related training?
2. How is the training going? Any questions about the training?
3. What questions do you have for me?
4. What is working well?
5. What is not working well?
 - a. What ideas do you have to resolve your issue(s)?
 - b. How can I help you resolve your issue(s)?
6. How are you progressing with this week’s goals?
7. Review the quality of the work and clarify your expectations.
 - a. You are making good progress on this, here are some areas that could be improved.
 - b. It would be good to finish these tasks by the time we meet next week. Does that seem reasonable?
 - c. Any questions about what I am looking for?
8. Are you getting to know your team members?
9. How are things going with your buddy?
10. Do you have any question about the department’s organizational structure?



BEST Practices for Managers when onboarding new employees

EXPECTATIONS AND FEEDBACK

1. Continue weekly meetings to discuss performance expectations and provide feedback
2. Facilitate goal setting and assign training as needed
3. Engage in a focused performance management conversation with the new employee
 - What's going well in your job?
 - How were the trainings?
 - What challenges are you facing?
4. Evaluate how the employee is doing
 - Consider how well the employee is doing
 - Consider areas where the employee is struggling
 - What kind of action plan can you provide?
 - Check in with Employee Relations and let them know how the employee is progressing

BUILD RELATIONSHIPS

1. Arrange for new hire to meet division personnel
2. Provide new hire with a peer feedback partner

BENEFITS AND REWARDS AT THE UNIVERSITY OF FLORIDA

1. Inquire if the new hire has made their mandatory retirement election

Helpful Resources for Managers

Three-months checklist with weekly check-in questions

Performance management process and conversation starters

Promote helpful peer feedback, examples and guidelines



BEST Practices for Managers when onboarding new employees

EXPECTATIONS AND FEEDBACK

1. Continue weekly check-ins to discuss performance expectations and provide feedback
2. Engage in a focused performance management conversation
 - What's going well in your job?
 - How were the trainings?
 - What challenges are you facing?

BUILD RELATIONSHIPS

1. Provide the new hire with ways to gain a broader perspective of UF

CRITICAL ACTIONS

1. Evaluate the new employee prior to the end of their first six months

Helpful Resources for Managers

Six-month checklist

Questions to use in performance management conversations

Promote retention and engagement by connecting your new hire to people and the organization



BEST Practices for Managers when onboarding new employees

EXPECTATIONS AND FEEDBACK

1. Celebrate the new employees first year!
2. Continue weekly check-ins to discuss performance expectations, quality work, and provide feedback
3. Engage in a focused performance management conversation for their one-year anniversary
 - Facilitate goal setting, development plan, and align training options

BUILD RELATIONSHIPS

1. Discuss their integration with the team
2. Connect their work to the UF mission

Helpful Resources for Managers

One-year checklist

Questions to use in performance management conversations

Working at UF

Benefits

Learn & Grow

Manager Resources

Vice President's Office

Home

Manager Resources

Recruitment & Staffing

Hiring Center

Recruitment & Staffing

Current UF Employees

Hiring Center

Advertising the Job

Managing Applications

Selecting Candidates

Preparing an Offer

Creating a UF Appointment

Current Employees Status Changes

Institutional Equity & Diversity

Immigration Compliance Services

Classification & Compensation

Employee Relations

Leave Administration

Training & Organizational Development

HRS Administration & Services

Policies

Forms

Hiring Center

This webpage is designed as a portal to guidelines and resources to help you effectively and efficiently recruit, hire and manage changes to an employee's status while working at the University of Florida. Click on each section to view the guidelines and resources available.

Step 1
Advertising the Job

Review this section to locate resources regarding the posting of job requisitions for faculty, staff (TEAMS and OPS), graduate assistants, student hires, etc.

Step 2
Managing Applications

Need help in reviewing applications? Visit this section for resources on evaluating your applicant pool.

Step 3
Selecting Candidates

In this section, find guidelines to help prepare for interviewing selected candidates.

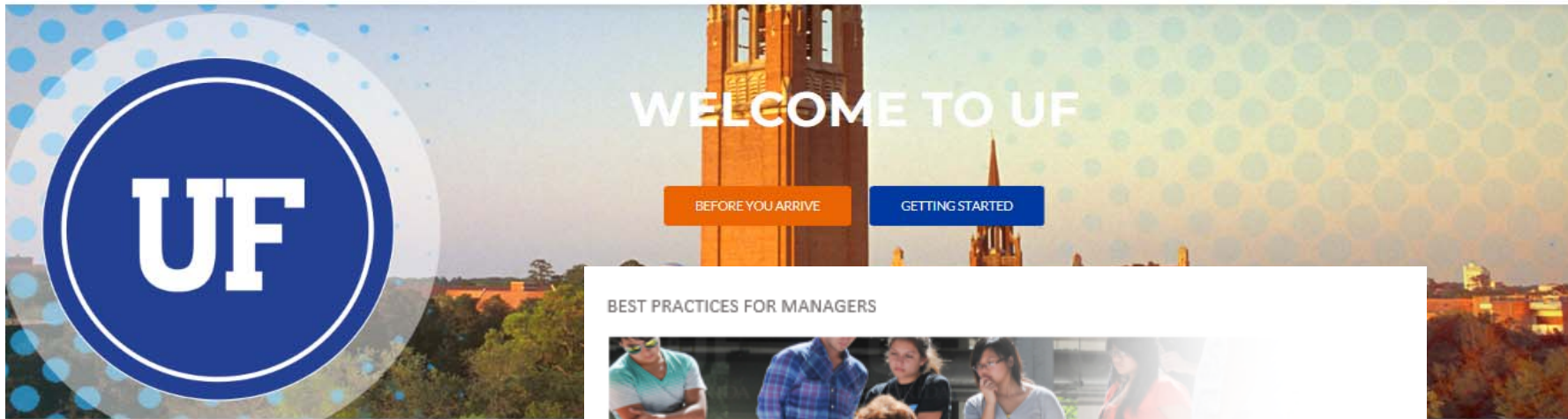
Step 4
Preparing an Offer

Once the final candidate is selected, review this section for the necessary steps to offer the position.

Step 5
Creating an Appointment

Locate information on how to enter an appointment for all new hires and fellows.

NEW!
Step 6
Onboarding and Induction



BEST PRACTICES FOR MANAGERS



BEST PRACTICES FOR MANAGERS



BEFORE YOU ARRIVE.

How to prepare for your arrival at the University of Florida



Before Day 1

Employees may make changes to their benefits plans during the annual benefits Open Enrollment period as well as in conjunction with various life events.



First Day

UF Training & Organizational Development offers a range of development opportunities designed to help faculty and staff improve their skills.



FIRST 30 Days

UF is a large and complex organization. Fortunately, a variety of news and information sources make it easier to keep up with what's happening.



FIRST 90 Days

Find information on resources and services to support your work-life integration.



Questions about these Best Practices?



UF UNIVERSITY of
FLORIDA

HR FORUM

ANIMAL CONTACT PROGRAM

UF Occupational Medicine Program
UNIVERSITY of FLORIDA

UF Environmental
Health and Safety
UNIVERSITY of FLORIDA

WORKING TOGETHER

FOR THE

GATOR GOOD



JOB DUTY REQUIRED

All health assessments need to be indicated either through Job Duty screen or INOP form.

Each job duty on this list triggers the need for health assessment clearance before an individual may begin work.
Please check all job duties that apply.

<input checked="" type="checkbox"/> Animal Contact	
<input type="checkbox"/> Asbestos Work	Form 1 Form 2
<input type="checkbox"/> Climbing	
<input type="checkbox"/> Commercial Driver License	
<input type="checkbox"/> Contact With Human Blood or (OPIM)	T&V Form
<input type="checkbox"/> Frequent Reaching Above Shoulder	
<input type="checkbox"/> Heavy Lifting	
<input type="checkbox"/> BioPath (risk group 3 agents in BSL3 lab)	Form 1 Form 2
<input type="checkbox"/> Kneeling	
<input type="checkbox"/> Law Enforcement	Form

<input type="checkbox"/> Noise (Work in Area of Excessive Noise)	Form
<input type="checkbox"/> Operation of Special Purpose Vehicle	
<input type="checkbox"/> Patient Contact	Form 1 Form 2
<input type="checkbox"/> Pesticide Use	
<input type="checkbox"/> Repeated Bending	
<input type="checkbox"/> Repetitive Pulling and Pushing	
<input type="checkbox"/> Respirator Use	Form
<input type="checkbox"/> Scientific Research Diving	Form 1 Form 2
<input type="checkbox"/> None of the above job duties apply	



NEW FORM

- One form for both Initial and Renewals
- All Supervisor filled out information is on page 1
- Participant medical questionnaire portion is on pages 2-3

UF Environmental Health and Safety UNIVERSITY of FLORIDA

Risk Assessment for Animal Contact Animal Contact Medical Monitoring Program

Please visit the [Animal Contact Program](#) website for detailed instructions on filling out this form.
Personal medical health issues can *only* be discussed with OCCMED CLINIC personnel at (352) 294-5700.

Select ☐ Initial ☐ Renewal ☐ Change in Animal ☐ Program Removal

Participant Name	UFID Number	Date of Birth	Male	Female
Participant ufl.edu Email	Position Title	Cell/Primary Phone Number		
Department/Division	Position Number	Work Phone		
Supervisor/PI Name	Supervisor Phone	Supervisor Email		

Has the [Payment Authorization Form](#) been submitted? ☐ Yes ☐ No ☐ Not Required (Animal Contact Type 1 or 2 only - see below)
Failure to submit the Payment Authorization form, if required, may delay processing.

Fiscal Contact Name: Fiscal Contact Phone: Fiscal Contact Email:

Select Type of Animal Contact:

☐ 1. Only listed on a current IACUC project. **No animal contact and does not visit animal facilities OR**

☐ 2. **No longer active on an approved IACUC project and will not be entering animal facilities**

Supervisor ACTION REQUIRED If contact type 1 or 2 apply, **STOP HERE, SIGN & SUBMIT** If contact type 3,4, or 5 apply, participants and supervisors must continue filling out form completely. Supervisor Sign Here: [Click to submit via e-mail](#)

☐ 3. Observes animals or enters animal facility only. No direct animal contact: IACUC inspector, maintenance personnel, UPD security, etc.

☐ 4. Does not conduct procedures on live animals but handles animal waste, "unfixed" animal tissues, or body fluid

☐ 5. Handles, restrains, collects specimens from, or administers substances to live vertebrate animals.

Frequency of contact: ☐ Daily (5x/week) ☐ Weekly (1-3x/week) ☐ Monthly (1-3x/month) ☐ Rarely (1-3x/every 3-6 months or less)

Briefly describe your contact with or exposure to animals:

If working with all of the animals listed below, select "ALL Animals".
Otherwise, select each animal that you may be in contact with or exposed to - not just the added or new types.

ALL Animals <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Bats <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Birds <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species: Cats <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Cattle <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Obstetrics/handle newborns Dogs <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Fish <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Guinea Pigs <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Horses <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids	Non-Human Primates <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species: Pigs <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Rabbits <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Reptiles & Amphibians <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species: Rodents (hamsters, gerbils, mice, rats, etc.) <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Wild rodents or their tissue/body flu Specify type/species:	Sheeps/Goats <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Obstetrics/handle newborns <input type="checkbox"/> Housed indoors for Biomedical Research Unvaccinated Carnivores <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Closed colony/known health status Specify type/species: Zoo/Exotic <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species: Other <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Wild animals or their tissue/body fluid Specify type/species: Rabies Surveillance Requested (VMTH Only) <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids
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Supervisor ACTION REQUIRED Supervisor Sign Here: Date: **Supervisor SAVE & EMAIL TO:** Participant: E-mail:



NEW FORM PROCESS

Risk Assessment for Animal Contact Animal Contact Medical Monitoring Program

Please visit the [Animal Contact Program](#) website for detailed instructions on filling out this form.
Personal medical health issues can **only** be discussed with OCCMED CLINIC personnel at (352) 294-5700.

- Select
- ☐ Initial
 - ☐ Renewal
 - ☐ Change in Animal
 - ☐ Program Removal

1. Indicate Form Use

Participant Name	UFID Number	Date of Birth	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Participant ufl.edu Email	Position Title	Cell/Primary Phone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Department/Division	Position Number	Work Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Supervisor/PI Name	Supervisor Phone	Supervisor Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

2. Enter Participant & Supervisor Information

Has the [Payment Authorization Form](#) been submitted? ☐ Yes ☐ No ☐ Not Required (Animal Contact Type 1 or 2 only - see below)
Failure to submit the Payment Authorization form, if required, may delay processing.

Fiscal Contact Name: Fiscal Contact Phone: Fiscal Contact Email:

3. Enter Fiscal Information

Select Type of Animal Contact:

☐ 1. Only listed on a current IACUC project. **No animal contact and does not visit** animal facilities
OR

☐ 2. **No longer active on** an approved IACUC **project and will not be entering** animal **facilities**

4. Select Type of Animal Contact

Supervisor
ACTION REQUIRED

If contact type 1 or 2 apply, **STOP HERE, SIGN & SUBMIT**
If contact type 3,4, or 5 apply, participants and supervisors must continue filling out form completely.

Supervisor Sign Here:

[Click to submit via e-mail](#)

If ONLY Type 1 or 2 is selected, STOP Here, supervisor signs & submits



Select Type of Animal Contact:

☐ 1. Only listed on a current IACUC project. **No animal contact and does not visit animal facilities**

OR

☐ 2. **No longer active on an approved IACUC project and will not be entering animal facilities**

Supervisor ACTION REQUIRED → If contact type 1 or 2 apply, **STOP HERE, SIGN & SUBMIT** → Supervisor Sign Here: [Click to submit via e-mail](#)
If contact type 3,4, or 5 apply, participants and supervisors must continue filling out form completely.

☐ 3. Observes animals or enters animal facility only. No direct animal contact: IACUC inspector, maintenance personnel, UPD security, etc.

☐ 4. Does not conduct procedures on live animals but handles animal waste, "unfixed" animal tissues, or body fluid

☐ 5. Handles, restrains, collects specimens from, or administers substances to live vertebrate animals.

Frequency of contact: ☐ Daily (5x/week) ☐ Weekly (1-3x/week) ☐ Monthly (1-3x/month) ☐ Rarely (1-3x/every 3-6 months or less)

Briefly describe your contact with or exposure to animals:

If working with all of the animals listed below, select "ALL Animals".

Otherwise, select each animal that you may be in contact with or exposed to - not just the added or new types.

ALL Animals <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids	Non-Human Primates <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species:	Sheeps/Goats <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Obstetrics/handle newborns <input type="checkbox"/> Housed indoors for Biomedical Research
Bats <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids	Pigs <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids	Unvaccinated Carnivores <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Closed colony/known health status Specify type/species:
Birds <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species:	Rabbits <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids	Zoo/Exotic <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species:
Cats <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids	Reptiles & Amphibians <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids Specify type/species:	Other <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Wild animals or their tissue/body fluid Specify type/species:
Cattle <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Obstetrics/handle newborns	Rodents (hamsters, gerbils, mice, rats, etc.) <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids <input type="checkbox"/> Wild rodents or their tissue/body fluid Specify type/species:	Rabies Surveillance Requested (VMTH Only) <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids
Dogs <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids		
Fish <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids		
Guinea Pigs <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids		
Horses <input type="checkbox"/> Live Animals <input type="checkbox"/> Tissue/Body Fluids		

Supervisor ACTION REQUIRED → Supervisor Sign Here: Date: **Supervisor SAVE & EMAIL TO:** Participant: E-mail:

4. Select Type of Animal Contact

If Type 3,4 or 5 is selected, supervisor continues to fill out animal contact description section

STOP Here, supervisor signs & e-mail to participant



ALL Participant medical information on following pages,(2-3), of form

5. Participant completes medical questionnaire.

Participant Name: _____ UFID: _____ Phone: _____

Participant ACTION REQUIRED Complete both pages of the Immunization/Screening History & Health Questionnaire

Immunization/Screening History - Call the OCCMED Clinic at 352-294-5700 to obtain any of these services. Date (MM/YY)

Tetanus immunization. Required of all, every 10 yrs.	
Rabies immunization or positive titer within last 2 years. Required for contact with wild/feral/free-roaming or unvaccinated carnivores (except closed research colonies) and participants in the rabies surveillance programs.	
Tuberculosis screening. Required annually for contact with nonhuman primates, elephants & rhinos.	
Q Fever Titer. Required annually for contact with sheep and goats as specified by the Q Fever Policy .	
HEPA/N-95 Respirator clearance. Required when specified by the OCCMED Clinic for prevention of allergy or for contact with sheep & goats housed indoors for biomedical research.	
HEPA/N-95 Respirator fit test for all HEPA/N-95 respirator users. Fit-test conducted annually by EHS - call 392-1593 to schedule.	

1. Are you allergic to any animal(s)? ☐ Yes ☐ No ☐ Don't know
If yes, list animals that cause your allergy symptoms: _____

2. Do you have any other known allergies? ☐ Yes ☐ No ☐ Don't know
If yes, what? List cause(s) of allergies: _____
List symptoms that occur when you are suffering from your allergies: _____
List any treatment that you received to relieve your allergies: _____

3. Are you allergic or possibly allergic to the animals that you currently work with? ☐ Yes ☐ No ☐ Don't know
If yes, have you been seen by a physician for this? _____

4. Do you have asthma caused by or related to allergies? ☐ Yes ☐ No ☐ Don't know
If yes, list cause(s) (if you do not know, write "unknown"): _____

5. Do you have asthma related to the animals that you currently work with? ☐ Yes ☐ No ☐ Don't know
If yes, have you been seen by a physician for this? _____

6. Do you experience shortness of breath at work? ☐ Yes ☐ No ☐ Don't know
If yes, explain: _____

7. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes) ☐ Yes ☐ No ☐ Don't know
If yes, describe: _____

8. Do you have any chronic medical condition? ☐ Yes ☐ No ☐ Don't know
If yes, describe: _____

9. Do you have a history of heart disease? ☐ Yes ☐ No ☐ Don't know
If yes, describe: _____

10. Do you have any problems with your immune system (immunosuppressed)? ☐ Yes ☐ No ☐ Don't know

11. Have you had a splenectomy (removal of the spleen)? ☐ Yes ☐ No ☐ Don't know

12. Have you recently taken any medications, which might suppress your immune system? (e.g. prednisone, cortisone, chemotherapy, methotrexate, etc.) ☐ Yes ☐ No ☐ Don't know

13. Have any chronic medical problems, which might suppress your immune system (e.g. cancer, lupus, rheumatoid arthritis, multiple sclerosis, leukemia, lymphoma, diabetes, HIV/AIDS, tuberculosis, renal disease, alcoholism)? ☐ Yes ☐ No ☐ Don't know

14. Do you take any medications (prescribed or over the counter) on a regular basis? ☐ Yes ☐ No
If yes, list: _____

page 2/3 continued on next page

Participant Name: _____ UFID: _____ Phone: _____

Health Questionnaire - continued

15. Do you live with any pets? ☐ Yes ☐ No
If yes, list & specify if indoor &/or outdoor: _____

16. Do you have any symptoms when exposed to your pets? ☐ Yes ☐ No ☐ Not Applicable
If yes, list: _____

17. Do you wear a fit tested respirator (including N95) to perform any work activities? ☐ Yes ☐ No
If yes, date of last respirator training & date of last supervised fit testing: _____

18. Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health Consulting Physician (e.g. questions regarding immunity or medical conditions)? ☐ Yes ☐ No

19. Have you developed any symptoms or illnesses as a result of your exposure to animals? ☐ Yes ☐ No ☐ Don't Know
If yes, describe: _____

Initial: skip Q.20 only Renewals/Change in Animal: Answer Q. 20, skip Q.21 and Q.22

20. Have you developed any new medical problems since your last evaluation? ☐ Yes ☐ No
If yes, describe: _____

21. Prior to your current job, have you been previously exposed to animals in any of the following setting: ☐ Yes ☐ No

If yes, please indicate:	Mice or Rats	Rabbits	Cats	Dogs	Guinea Pigs or Hamsters	Other
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceutical Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veterinary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veterinary Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pet Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

22. If you were exposed to any lab animal, did you have any symptoms? ☐ Yes ☐ No ☐ Don't know/NA
If yes, symptoms with which animal?
☐ Skin
☐ Nose/Eyes
☐ Chest

23. If you were exposed to any animal, did you avoid or stop working with any animal because you thought you were allergic to it? ☐ Yes ☐ No

Participant ACTION REQUIRED

I, _____ Participant's Name
truthfully and to the best of my recollection
Signature: _____ Date: _____

1. Save this completed .pdf file
2. Click here to SUBMIT OR email to OccMedClinic-RiskAssessment@ahc.ufl.edu

OCCMED CLINIC USE ONLY

☐ No Restrictions for Animal Contact
☐ Yes, Specific restrictions for Animal Contact. Restrictions are detailed below: _____

Follow-Up Due: ☐ 1 year ☐ 3 Year ☐ Other _____

MD/ARNP/PA or other licensed healthcare professional:
Name: _____ Signature: _____ Date: _____

page 3/3

**STOP Here,
participant signs
& submits direct
to OCCMED clinic.**



College of Veterinary Medicine has their own similar form that goes to the OCCMED clinic located in VetMed.

Risk Assessment for Animal Contact

College of Veterinary Medicine • Animal Contact Medical Monitoring Program

Select

- ☐ Initial
- ☐ Renewal
- ☐ Change in Animal
- ☐ Program Removal

Please visit the [Animal Contact Program](#) website for detailed instructions on filling out this form.

Personal medical health issues can **only** be discussed with VETMED CLINIC personnel at (352) 294-8782.

Participant Name	UFID Number	Date of Birth	Male	Female
			<input type="radio"/>	<input type="radio"/>



Clearance Status/Follow Up:

1. "Animal Contact Exam Type" Next Exam Report
Employee notified by email – 30 days, 15 days, and 1 day prior to expiration.
2. Anyone receiving a paycheck from UF can see their own Health Assessment Status.
3. Contact SHCC Accounts Receivable at 352-273-4560 for questions concerning Payment Authorization requirements.

HR Reps:

- Initiate process
- Ensure employee follows through
- Maintain compliance through continued follow-up



CONTACT INFO

Julie Ramsey

EH&S OCCMED Coordinator

occmed@ehs.ufl.edu

Osmara Salas

EH&S Education & Training Coordinator

osalas@ehs.ufl.edu



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OPS Review File

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OPS Review File

- Opened April 20, 2018 and closes May 4, 2018.
- Captured all OPSN employees that had not been paid since January 1, 2018.
- OPS in the file that need to remain active due to the as-needed or seasonal nature of the position need to be unchecked to avoid termination.
- Those that are checked will terminate May 18, 2018.



OPS Review File Navigation

Main Menu

Human
Resources

Workforce
Administration

Job
Information

UF
Appointment
Review



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OPS Job Code File

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OPS Job Code File

- File will open on May 21, 2018, and remain open until the end of business on June 8, 2018. (three weeks)
- File will capture all OPS hourly employees.
- Departments will need to enter new job codes, reflective of the temporary nature of work performed by the employee.



New OPS Job Codes

- OPS-Health Care
- OPS-Contract Services
- OPS-Special Project
- OPS-Seasonal
- OPS-Special Risk
- OPS-As Needed
- OPS-Secondary



OPS Job Codes

- For those OPS that don't fit into one of the seven new codes, please leave them blank.
- Once the file closes and loads we will work with departments individually to review and address the remaining population.



OPS Job Code File Navigation

Main Menu

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UF OnTarget



OPS Job Code File

Access Roles:

UF_EPAF_Department Admin

UF_EPAF_Level 1 Approver



Tools

A toolkit and OPS definitions guide can be found at:

<http://hr.ufl.edu/learnandgrow/toolkits-resource-center/human-resources-toolkits/job-and-position-actions/>

OPS

UF OPS On Target File 2018:
Classification Changes for OPS
Employees

PDF

OPS Job Code Definitions

PDF



OPS Hires

- Effective May 4, 2018, all new OPS hires will need to use one of the new job codes, including a new OPS time-limited code.
- ePAF's to hire OPS will need a statement in the comment box regarding the type of work being performed to ensure the appropriate code was chosen.



HR 600

- When filling out an HR 600 if the primary appointment is TEAMS or Faculty then the OPS job type is OPS-Secondary.
- For those employees that have multiple OPS appointments, each appointment will need to be coded according to the type of work being performed.

UF Office of Human Resource Services UNIVERSITY of FLORIDA		Request for Approval of Additional University Compensation	
Contact Person:	PO Box:	Phone:	Fax:
Employee Name:		UFID Number:	
REQUEST (check one)			
<input type="checkbox"/> Employment of UF employee at greater than 1.00 FTE			
<input type="checkbox"/> Employment of UF employee simultaneously from OPS and salaries			
	PRIMARY EMPLOYMENT	SECONDARY EMPLOYMENT	
Department/Unit:			
Department ID:			
Class Title:			



Questions

Classification and Compensation

compensation@ufl.edu

352-273-2842

Recruitment and Staffing

employment@ufl.edu

352-273-2841



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Benefits Updates

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Preparing for 2018 Fiscal Year End Leave Processes

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Special and Overtime Compensatory Leave Cash-Out

- Employees may use Special and OT Comp Leave until **June 30, 2018**.
- Time must be entered in myUFL by 5 p.m. on **Thursday, May 31, 2018**.
- Cashed out on June 22, 2018 paycheck.
- Special and OT Comp Leave earned in PPE 5/31 rolls over to 2018-2019 balances.



Personal Holidays (USPS) and December Personal Leave Days (Teams & Eligible Faculty)

- USPS Personal Holidays must be used in full-day increments.
- December Personal Leave Days can be used in less than full-day increments.
- “Use it or lose it”- use by **June 30, 2018**, or will expire.



Preparing for 2018 Fiscal Year End Leave Processes Toolkit

myUFL Toolkit available:

[Learn & Grow > Toolkit Resource Center > Human Resources > Time & Labor > Time and Labor Approvers/Processors > Preparing for Fiscal Year Leave Processes](#)

Questions or Concerns?

Contact Central Leave at (352) 392-2477 or central-leave@ufl.edu



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Dependent Eligibility Verification Audit (DEVA)

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DEVA for State Plans



- **May 10, 2018, response deadline!**
- Send dependent documentation **directly to HMS.**
- Mail copies OR upload documents on HMS web portal
<https://verifyos.com/>

Failure to respond may jeopardize dependent coverage!



IRS Tax Transcript for DEVA (spouse)

Request online:

<https://www.irs.gov/individuals/get-transcript>

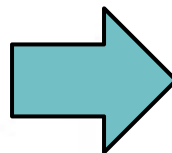
(Available immediately online
or 5-10 calendar days for mail
delivery)

OR

Request by phone:

800-908-9946

(5 to 10 calendar days for
mail delivery)



Get Transcript Online

What You Need

To register and use this service, you need:

- your [SSN](#), date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

What You Get

- All [transcript types](#) are available online
- View, print or download your transcript
- Username and password to return later

Get Transcript by Mail

What You Need

To use this service, you need your:

- [SSN](#) or [Individual Tax Identification Number \(ITIN\)](#),
- date of birth, and
- mailing address from your latest tax return

What You Get

- Return or Account [transcript types](#) delivered by mail
- Transcripts arrive in **5 to 10 calendar days** at the address we have on file for you



DEVA Documentation Questions



Additional DEVA info online: <https://www.mybenefits.myflorida.com/>
(enter DEVA in the search box)



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Keeping in Touch

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Updating Your Address in MyUFL

- Current and correct mailing addresses are critical!
- Returned mail examples:
 - ✓ Tax documents
 - ✓ Insurance ID cards
 - ✓ Open Enrollment information
 - ✓ COBRA notifications
- Be sure **your** addresses are up-to-date in myUFL.
- Remind **departmental employees** to update addresses (even when they leave UF!)



Updating Your Address in MyUFL

How to update your address in MyUFL:

- Click “My Account” in the myUFL system menu.
- Select “Update My Directory Profile.”
- Make updates to addresses.
- *NOTE: Only enter on ADDRESS LINE 3 field.*
- Be sure to update your Emergency Contacts, too!

Identity Coordinator list can be found here:

<http://files.it.ufl.edu/identity/cordlist.pdf>

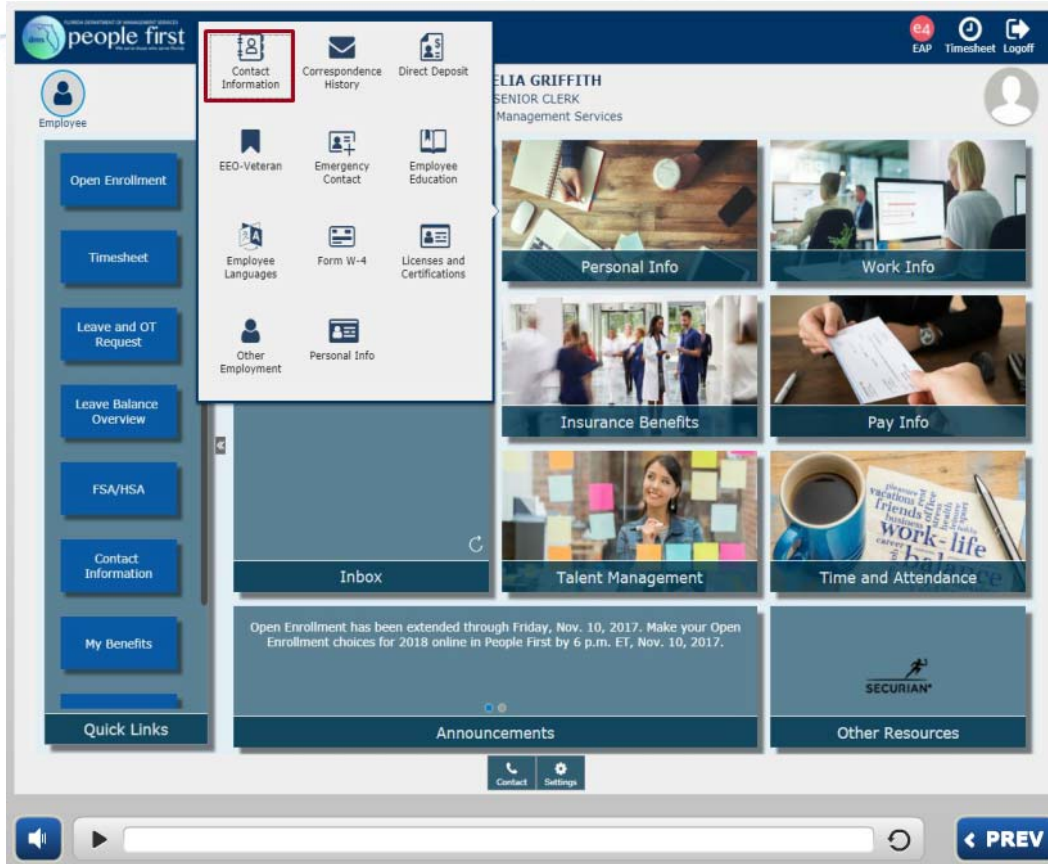


Updating People First Contact Email

- Contact email used to authenticate identity for resetting your People First password.
 - Passwords expire every 90 days.
 - Online password reset--MUST have email address or mobile phone number (for text).
- You must take action to update your email in People First system—not automatic.
- People First will send certain state health and insurance notices by email.



Updating People First Contact Email



- Login to [People First system](#).
- Click “Personal Info.”
- Select “Contact Information.”

Need password or
login help?

People First Password &
Login ID FAQs



Updating People First Contact Email

Click
“Notification
Email”

people first

Employee

SHEILIA GRIFFITH
SENIOR CLERK
Dept of Management Services

Employee / Personal Info / Contact Information

Contact Information
SHEILIA GRIFFITH 10009016 SENIOR CLERK

Address Type Address City Sta... ZIP Effective Date End Date

Home Address	888 Easy Street	TALLAHASSEE	FL	32311	11/14/2017	12/31/9999
Mailing Address	123 Main St	TALLAHASSEE	FL	32311	11/16/2017	12/31/9999
Notification E-M...	SHEILA.GRIFFITH@DMS.MYFLORIDA.COM				11/16/2017	12/31/9999

Your current mailing address will be used for mailed correspondence. If there is no active mailing address, then the home address will be used.

Effective Date 11/14/2017 End Date 12/31/9999

Click
“Edit” and
make the
update.

Be sure to
save the
change!

Note: Mailing addresses cannot be updated in PeopleFirst system. They will update *automatically* when updated in UF PeopleSoft system.



Benefits Resources

- UF HR Benefits Specialists are here for our employees!

Email us: benefits@ufl.edu

Call us: (352) 392-2477

Visit us: [Schedule appointment online](#)

- **alex**[®] ([online](#) “virtual benefits counselor”)
- UF HR [Benefits & Rewards website](#)
- [UF at Work](#) newsletter articles





Important Dates

- GBAS/RAFT “It’s a Team Effort!” Event – May 17, 2018.
 - For staff who support 12-month Faculty
- Next HR Forum – June 6, 2018
- GBAS/RAFT “It’s a Team Effort!” Event - July 17, 2018.
 - For staff who support 9-month Faculty