**Last Updated: August 11, 2020**

**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:**

**Salary Plan:**

**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: <https://www.fa.ufl.edu/directive-categories/tuition-and-fees/>

As a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [title of position], if you are appointed .25 FTE or greater, you are eligible to enroll in the GatorGradCare health insurance plan. There is a nominal monthly premium of $12.00 (subject to change) for individual coverage which 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; you must submit your enrollment within 60 days of your date of hire to participate in plan coverage. Information about the GatorGradCare plan and enrollment instructions can be found at [https:/benefits.hr.ufl.edu/health/gatorgradcare/](https://benefits.hr.ufl.edu/health/gatorgradcare/)

The University of Florida has a mandatory health insurance requirement managed by the UF Health Compliance Office. Students are required to show proof of adequate health insurance~~.~~ If no proof of insurance is submitted, students are enrolled in the student health insurance plan through United Healthcare and charged on their bursar account. 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. Additional 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/>

If you enroll in GatorGradCare, this coverage meets the mandatory health insurance requirement. Students who have health insurance, including GatorGradCare, must complete an insurance waiver once a year to opt out of the United Healthcare policy. The waiver must be completed online at <https://my.shcc.ufl.edu/waiver> by the [Fee Payment Deadline.](https://www.fa.ufl.edu/directives/critical-dates/) First-time GatorGradCare enrollees will need to complete a draft of the insurance waiver before the applicable deadline. Please see <https://healthcompliance.shcc.ufl.edu/health-insurance-requirement/gatorgradcare/> for more information. **Completion of the draft insurance waiver does not enroll you in GatorGradCare.** Because of the timing, a charge for the United Healthcare school-sponsored plan may be posted on your account until the insurance coverage is verified and the waiver is finalized. The charge will be reversed once your insurance waiver is finalized **if** the mandatory student health insurance plan was not used. However, if you use the United Healthcare school-sponsored insurance plan, the coverage cannot be terminated or the cost refunded even if your GatorGradCare enrollment is processed at a later time.

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 any date after April 15 when 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

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Employee: Date Name of Supervisor: