**Last Updated: February 13, 2024**

**Instructions:**

1. Use this template for Post-Doctoral Associates only.
2. For appointment requirements visit: [Overview of Appointments](https://hr.ufl.edu/manager-resources/recruitment-staffing/hiring-center/advertising-the-job/overview-of-appointments/)
3. Letter must be printed on official UF letterhead.
4. Remove language from header and footer.

[Insert date]

Dear [insert name]:

On behalf of the University of Florida, welcome and congratulations!

I am pleased to extend this letter as a formal offer of employment as a Post-Doctoral Associate in the Department of DEPT NAME, College of COLLEGE NAME at the University of Florida. Your appointment as a Post-Doctoral Associate will be full-time **(1.00 FTE)** with a starting salary of $XX,XXXX.XX. The appointment will begin on DATE.

**Job Responsibilities**

As discussed during your interview, the principal duties and responsibilities assigned to this position are <insert job duties associated with this appointment, funding source as applicable, and any special conditions applicable to the position.>

**Pre-employment Screening**

We are excited you are joining our team. As part of the hiring process, a successful pre-employment screening must be completed for the offer of employment to take effect. This includes a satisfactory review of criminal records, reference checks, verification of education, and any health assessments that may be required.

**Official Transcripts**

In addition to education verification, an official transcript of your highest degree must be submitted by **MM/DD/YYYY.** The official transcript may be delivered in a sealed envelope to **XXXXXX** or emailed directly from the institution to **xxxxx@ufl.edu**. Degrees acquired from a non-U.S. institution must be evaluated by an education credentialing agency approved by National Associations of Credentialing Evaluation Services (NACES).

**Employment Paperwork Requirements**

As a federal contractor, the University of Florida (EIN 59-6002052) is required to verify the identity and work authorization of all new employees. To help us comply with federal requirements we ask you,

* complete Section 1 of Form I-9 on or prior to your first day of employment.
* present documents that verify your identity and work authorization within the first three business days of your start date.

Failure to provide the appropriate documentation by the end of the third business day as required by law may lead to termination of employment.

**Conditions of Appointment**

In performance of your appointment, both you and the College are subject to the Constitution and laws of the State of Florida, and the rules, regulations and policies of the Florida Board of Governors, the Board of Trustees and the University of Florida.

Per university regulations, all UF appointments are subject to university regulations and policies. Regulations and policies that may affect your employment are reviewed on an ongoing basis. To ensure that you are aware of the most current regulations and policies, please regularly visit the Regulations website at <https://policy.ufl.edu/> and the Forms and Policies website <https://hr.ufl.edu/forms-policies/>. The State of Florida and the University of Florida retain the right to modify or rescind any law or regulation governing the conditions of your employment.

**Employment Classification**

Post-doctoral associate appointments are classified as temporary employment (OPS) and should not extend no further than 4 years from the appointment date per UF Regulation 7.003. For this appointment, the date would be **(DATE 4 YEARS PLUS ONE DAY FROM APPOINTMENT)**. This appointment is non-tenure accruing and does not count toward continuous employment or tenure eligibility should you be subsequently appointed to a non-OPS position. Your appointment may terminate sooner depending upon funding, misconduct and/or unsatisfactory performance, but it will not extend beyond **(DATE)**.

**Benefits**

You may be eligible for state and/or UF Select benefits. Information on available plans, eligibility, and enrollment can be found on the Benefits website <https://benefits.hr.ufl.edu/my-benefits/explore>. Please note that benefits enrollment is not automatic. If eligible, you will have 60 calendar days from your hire date to enroll. Please contact UFHR Benefits at (352) 392-2477 or benefits@ufl.edu if you have questions or need further information.

You may be eligible to participate in the FICA Alternative Plan and other deferred retirement plans. Information regarding these plans may be reviewed on the following UFHR Benefits website: <https://benefits.hr.ufl.edu/retirement/>

I would also like to call your attention to the Office of Postdoctoral Affairs (<http://postdoc.aa.ufl.edu>) which may be a valuable resource for you during your employment at the University of Florida.

**Leave Accrual**

Full-time post-doctoral associates earn five hours of personal leave on a bi-weekly basis. Leave is accrued on a pro-rated basis equivalent to time paid in a bi-weekly pay period. Supervisory approval should be requested and obtained prior to using leave. In addition, you will be paid for all UF Holidays as well as four personal leave days in proportion to your FTE which shall be taken between December 26 and December 31.

**Outside Activities**

If you wish to engage in a reportable outside activity or interest, or if you think you have a conflict of interest, you must notify your supervisor using the proper University of Florida process and obtain approval prior to engaging in these relationships. This notification must be done annually for as long as you continue to engage in the outside relationship or have a conflict of interest. For more information about the disclosure process and policy, please visit the Conflicts of Interest Program website: [www.coi.ufl.edu](http://www.coi.ufl.edu).

Please feel free to contact me if you have any questions. We look forward to you joining our team.

Sincerely,

INSERT NAME

INSERT TITLE

**Acceptance of Offer**

Please indicate your acceptance of our offer by signing below and returning a copy of the letter, with your original signature, to me no later than <date>.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_