**Last Updated: October 29, 2021**

**Instructions:**

1. Use this template for TIME-LIMITED exempt TEAMS employees only.
2. Letter must be printed on official UF letterhead.
3. 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 formally offer you the position of [Classification Title] position [#0000000], in the [Department] at the University of Florida. This full-time TEAMS Exempt appointment has a starting annual salary of [$XXXXX]. Your start date is tentatively scheduled for [date].

This offer and your active employment status are contingent upon your eligibility to work under the provisions of all applicable immigration laws and regulations including the Immigration Reform and Control Act of 1986, as amended, and your providing the necessary documents to establish identity and employment eligibility to satisfactorily complete U.S. Citizenship and Immigration Services’ Form I-9. As a foreign national holding an employer sponsored immigration status, the University of Florida, as your employer, is provided authority by immigration laws to request employment authorization on your behalf. The University, however, cannot guarantee that employment authorization or visas will be granted and assumes no responsibility if any request is denied, delayed or conditioned. All such determinations rest with USCIS and the DOS, respectively, and are beyond the scope of the University’s authority. All employees bear a continuing responsibility throughout their employment to maintain their eligibility to work in the U.S. and at the University in the position to which they are assigned. The University cannot pay a wage to any person not lawfully authorized to work regardless of the cause. Failure to timely receive or maintain authorization to be employed in the U.S. at the University in the relevant position shall automatically terminate your employment status at the University.

This offer of employment is conditioned upon the University being able to obtain employment authorization for you based on the terms and conditions set forth in this offer. Should the University not be able to secure approval of your employment authorization on the terms and conditions set forth on this offer, this offer will be considered null and void.

Although this appointment is based on departmental programmatic needs, fiscal considerations and satisfactory performance, there is reasonable expectation that your employment will continue on a year-to-year basis. Therefore, H-1B status sponsorship is being requested for a period of \_\_\_ years, mm/dd/yyyy to mm/dd/yyyy.

**Job Responsibilities**

As discussed during your interview, the principal duties and responsibilities assigned to this position are [job duties from position description here].

**Pre-employment Screening** [Remove this section for transferring employees with no break in service]

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.

**Employment Paperwork Requirements** [Remove this section for transferring employees with no break in service]

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.

**Probationary Period** [Remove this section for transferring TEAMS employees with no break in service]

As a TEAMS Exempt employee, you will serve an initial six-month probation period. At the end of the probationary period it may be completed successfully or extended in compliance with university regulations.

**Conditions of Appointment**

Per university regulations, this appointment is renewable on an annual basis at the discretion of the university. 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://regulations.ufl.edu/regulations/> and the Forms and Policies website <https://hr.ufl.edu/forms-policies/>.

Please note, 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.

**Benefits**

You may be eligible for state and/or UF Select benefits. If eligible, you will have 60 calendar days from your hire date to enroll as this action is not automatic. Information on available plans, eligibility, and enrollment can be found on the Benefits website <https://benefits.hr.ufl.edu/my-benefits/explore>.

For information on time away,including vacation, holidays, sick leave, and more, please visit the Benefits website at <https://benefits.hr.ufl.edu/time-away>.

**Retirement**

As a new employee, you must choose one of the retirement plans available to eligible State University System employees\*. An employee contribution of 3% is mandatory and enrollment deadlines may apply. Information regarding retirement plans can be found on the UFHR Benefits website <https://benefits.hr.ufl.edu/retirement>.

If you have questions about benefits, leave, and/or retirement. Please contact UFHR Benefits at (352) 392-2477 or [benefits@ufl.edu](mailto:benefits@ufl.edu).

*\*Please note that employees who have received a pension or distribution from a State of Florida retirement plan may not be eligible for all plans and should contact MyFRS Financial Guidance Line at (866) 446-9377.*

Your colleagues at the [Department] and I are delighted to have the opportunity to work with you. Should you have any questions, please let me know.

Sincerely,

[Your Name]

[Your 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.

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[Insert Name] Date