Date

Employee Name, degree

Address

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Title, Job Code, Dept/Prog/College/Unit, FTE, and Begin Date

We are pleased to offer you the position of Postdoctoral Associate (Job Code #000394) at the University of Florida (UF) College of Medicine in the Department of \_\_\_\_\_\_\_\_\_\_, Division of \_\_\_\_\_\_\_\_\_\_. This is a full-time/part-time (\_\_\_\_ FTE) position with a begin date of \_\_\_\_\_\_\_\_\_\_.

Salary

Your initial annual salary will be $\_\_\_\_\_\_\_. Subsequent annual salary increases will be based on your performance and the University of Florida’s salary increase guidelines.

\*UF requires that postdocs be paid a minimum annual salary of $47,476 at 1.0 FTE

Employment Regulation

Pursuant to University Regulations, your employment is renewable at the discretion of the University. In accordance with University of Florida rule UF-7.003, this position is considered OPS and is, therefore, temporary in nature.

Duties & Responsibilities

This area should be used to describe the assigned duties and responsibilities of the employee. Effort percentages should be listed for each of the following categories: clinical, research, service and teaching.

Your assignment will be \_\_\_\_ (ex. 100% research). Specific duties will include \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Employment Conditions**

As a University of Florida employee, you should be aware of certain conditions associated with your employment as listed below. The State of Florida and the University of Florida retain the right to modify or rescind any regulation governing the conditions of your employment.

Outside Activity and Conflict of Interest

As a condition of your employment, you are required to follow the University of Florida’s guidelines, policies, and procedures regarding conflict of interest and outside activities, including financial interests. Disclosure of such activities is required prior to engaging in new outside activities or receiving new financial interests, as well as whenever there are changes in outside activities and financial interests that previously have been approved. If you propose to engage in any outside activity or have a potential conflict of interest, you must disclose and receive approval from the College of Medicine prior to engaging in such activities using the College of Medicine’s electronic outside activity disclosure tool, eCOI. Such notification must be done annually by July 1st for each subsequent year for as long as you continue to engage in such activity or have such conflict of interest. Information regarding the College of Medicine’s conflict of interest program is available at <http://coi.med.ufl.edu/>.

**Health/Risk Assessment**

THE APPROPRIATE STATEMENT LISTED BELOW SHOULD BE INCLUDED IN ALL LETTERS OF OFFER FOR POSTDOC ASSOCIATES WHOSE JOB DUTIES INCLUDE PATIENT CONTACT, ANIMAL CONTACT, OR EXPOSURE TO BLOOD BORNE PATHOGENS.

**For those with patient and blood contact:**

New employees of the College of Medicine whose job duties involve patient care are required to participate in a confidential preplacement health screening program administered by the University of Florida’s Occupational Medicine Program. Participation in this program will minimize any occupational risk to you and will ensure that you can safely perform the essential functions of your new position. Upon your arrival at the university, an appointment will be made for you to visit with a representative of the Occupational Medicine Program who will review your medical history and conduct this assessment. Please complete the enclosed “Preplacement Screening Patient Contact” form and bring it with you to your risk assessment appointment. Your medical history information will be kept confidential and will not be shared with the College of Medicine or with the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Also, new employees whose job duties involve contact with human blood or OPIM are required to be trained by the University of Florida regarding the risks associated with working with human blood and other potentially infectious materials. This training will occur following your arrival at the University of Florida.

**For those with patient care, blood and animal contact:**

New employees of the College of Medicine whose job duties involve patient care and animal contact are required to participate in a confidential preplacement health screening program administered by the University of Florida’s Occupational Medicine Program. Participation in this program will minimize any occupational risk to you and will ensure that you can safely perform the essential functions of your new position. Upon your arrival at the university, an appointment will be made for you to visit with a representative of the Occupational Medicine Program who will review your medical history and conduct these assessments. Please complete the enclosed “Preplacement Screening Patient Contact” form and the “Risk Assessment for Animal Contact” form and bring them with you to your risk assessment appointment. Your medical history information will be kept confidential and will not be shared with the College of Medicine or with the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Also, new employees whose job duties involve contact with human blood or OPIM are required to be trained by the University of Florida regarding the risks associated with working with human blood and other potentially infectious materials. This training will occur following your arrival at the University of Florida.

**For those with animal contact only:**

New employees of the College of Medicine whose job duties involve animal contact are required to participate in a risk assessment conducted by the University of Florida’s Occupational Medicine Program. Participation in this program will minimize any occupational risk to you and will ensure that you can safely perform the essential functions of your new position. Upon your arrival at the university, an appointment will be made for you to visit with a representative of the Occupational Medicine Program who will review your medical history and conduct this assessment. Please complete the enclosed “Risk Assessment for Animal Contact” form and bring it with you to your risk assessment appointment. Your medical history information will be kept confidential and will not be shared with the College of Medicine or with the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**For those with blood contact only:**

New employees whose job duties involve contact with human blood or OPIM are required to be trained by the University of Florida regarding the risks associated with working with human blood and other potentially infectious materials. This training will occur following your arrival at the University of Florida.

*\*Forms associated with the health/risk assessments are available on the Occupational Medicine Website. The appropriate forms should be attached to the letter of offer.*

**Federal Healthcare Programs**

As a condition of your employment, you must remain eligible to participate in Federal healthcare programs or in Federal procurement or non-procurement programs. If you are at any time excluded, debarred or otherwise declared ineligible to participate in Federal healthcare programs (other than through the College of Medicine approved “private contracting” arrangement) or in Federal procurement or non-procurement programs, or are convicted of a criminal offense related to the provision of healthcare items or services, this offer may be revoked or your employment with the University of Florida may be terminated immediately.

**Intellectual Property**

As a condition of your employment, you are required to follow the University of Florida’s Intellectual Property Policy, which is available at <http://generalcounsel.ufl.edu/media/generalcounselufledu/documents/Intellectual-Property-Policy.pdf>.

**Direct Deposit Program**

All new employees of the University of Florida are required to participate in the direct deposit payroll program for the deposit of their biweekly paychecks. A direct deposit form will be provided to you during your payroll sign-up appointment.

**Leave Benefits**

Full-time University of Florida Postdoctoral Associates earn five (5) hours of personal leave on a biweekly basis. Leave is accrued on a pro-rated basis equivalent to time paid in a biweekly pay period. Your personal leave balances may be used for either vacation or sick leave. Leave that is to be used for vacation may be taken after approval by your supervisor. In addition, you will receive ten paid holidays each year, as well as four personal leave days to be used between December 26th and December 31st. The four personal leave days are credited on December 2nd of each year. If you are considered “essential” personnel and you are required to work during these four days, you may use the four personal leave days in any increment from December 2nd through June 30th of the current fiscal year.

**HIPAA Privacy**

All University of Florida Health Science Center employees are required to sign a statement agreeing to maintain the confidentiality of protected health information.  All University of Florida Health Science Center employees also are required to complete specialized training regarding privacy and security.  You also will be required to complete principal investigator training. Arrangements will be made to assist you with accessing these on-line training programs following your arrival at the university.  This training must be completed within ten days following your date of hire.  All Health Science Center employees are required annually to sign the confidentiality statement and to complete the online privacy and security training, as well as the principal investigator training, for as long as you continue to be employed by the University of Florida.

*\*References to principal investigator training should be omitted when not applicable.*

Employment Eligibility

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 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 the 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.

A list of acceptable documents to establish identity and employment eligibility can be found online at <http://www.uscis.gov/i-9-central/acceptable-documents/acceptable-documents>.

If the new postdoc associate is being employed on a visa, please include the following paragraphs in addition to those above:

As a foreign national holding an employer sponsored immigration status, the University of Florida (EIN#59-6002052), 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.

You will report to (**supervisor’s name and title**) who can be reached at (**phone number**). You are expected to work \_\_ hours per week in this role.

If the new postdoc is being employed on an H1B, E3, TN or O1 visa, you must also include the following paragraph in the offer.

Although this contract is renewable on an annual basis, there is reasonable expectation that your employment period will continue on a year-to-year basis and, therefore, (**list visa type**) status sponsorship is being requested for a period of \_\_\_ years, **mm/dd/yyyy** to **mm/dd/yyyy**.

**Benefits**

As a Postdoctoral Associate, you may be eligible to enroll in one or more of the benefit programs offered through the State of Florida and through UF. Enrollment in benefits is not automatic and must be completed within 60 days of your date of hire. Carefully review all of the options before enrolling to ensure you have signed up for the plan you intended and to avoid duplication of enrolling in both a State and UF plan. For more information on each plan, visit <https://hr.ufl.edu/benefits/>.

You may be eligible to participate in the FICA Alternative Plan and other deferred retirement plans. Information regarding the FICA Alternative Plan and deferred retirement plans may be reviewed on the Human Resources website at: <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.

**Moving Expenses**

The department will defray all reasonable relocation expenses up to $\_\_\_\_\_\_\_\_\_ associated with the moving of your household goods from \_\_\_\_\_\_\_\_\_\_ to Gainesville, Florida. The University of Florida has a process for such moves, and department representative will be assigned to provide assistance to you with this process. For more information about moving guidelines and limitations, visit: UF Household Moving Made Simple at <https://procurement.ufl.edu/uf-departments/household-moving-made-simple/>.

**Background Check**

Please note that this offer of employment is contingent upon completion of a successful pre-employment screening which may include a review of criminal records, reference checks, and verification of education. In conjunction with the verification of your education, an official copy of the transcript of your highest degree must be submitted prior to the start date of your employment. The official transcript must be delivered in a sealed envelope to (**dept mailing address**), or emailed directly from the institution to (**dept email address**). A transcript will not be considered official if a designation of “issued to student” is visible on the documentation. Degrees acquired from a non-US institution must be evaluated by an education credentialing agency approved by National Associations of Credentialing Evaluation Services (NACES). For more information regarding NACES, visit <http://www.naces.org/members.html>.

**Choice of Law**

During the term of your employment, both you and the University of Florida are subject to the constitution and laws of the State of Florida, and the rules, regulations and policies of the Florida Board of Governors and the University of Florida Board of Trustees.

**Signature Line**

Letters should have signature lines for the chair of the department and the Dean. Letters must include an acceptance line for the employee.

Sincerely,

Chair Name Joseph A. Tyndall, M.D., M.P.H.

Title Interim Dean, College of Medicine

Department

I understand and accept the conditions of this letter of offer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Date