The following information should be in letters offering employment to a TEAMS or USPS employee. A draft of the offer should be reviewed by the Administrative Affairs division and approved prior to forwarding to a prospective employee.

1. **Date**
2. **Name and Address**
3. **Title, FTE, Department and employment type**
4. **For Time Limited TEAMS non-exempt employees,** use the following template for the first paragraph:

We are pleased to offer you the position of (title-i.e., Program Assistant), position # \_\_\_, which is a (full or part time), \_\_ FTE, time-limited TEAMS non-exempt position in the Department of (department name). In accordance with University of Florida rule UF-3.054, 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.

1. **For TEAMS non-exempt employees who are not time limited,** use the following template for the first paragraph:

We are pleased to offer you the position of (title-i.e., Program Assistant), position # \_\_\_, which is a (full or part time), \_\_ FTE, TEAMS non-exempt position in the Department of (department name).

1. **For Time Limited TEAMS exempt employees,** use the following template for the first paragraph:

We are pleased to offer you the position of (title-i.e., Biological Scientist), position # \_\_\_, which is a (full or part time), \_\_ FTE, time-limited TEAMS exempt position in the Department of (department name). Pursuant to University rules and policies, your appointment term is renewable annually at the discretion of the University. In accordance with University of Florida rule UF-3.054, 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.

1. **For TEAMS exempt employees who are not time limited,** use the following template for the first paragraph:

We are pleased to offer you the position of (title-i.e., Biological Scientist), position # \_\_\_, which is a (full or part time), \_\_ FTE, TEAMS exempt position in the Department of (department name).

1. **Background screening statement**  *For all positions use the following statement:*

This offer is contingent upon completion of a successful pre-employment screening which includes a review of criminal records, reference checks, and verification of education.

1. **Licensure** *Use only for those positions with* ***clinical activities that DO NOT REQUIRE CREDENTIALS***

Your effective date of employment is contingent upon receipt of a valid Florida License in the appropriate health care provider field specific to this offer. It is your individual and sole responsibility to obtain and maintain an unrestricted health care provider license to practice in the state of Florida. Your failure to obtain and maintain appropriate licensure will be considered just cause for revocation of this offer or immediate termination of your employment.

1. **Licensure & Credentialing** *Use only for those positions that* ***require licensure and clinical privileges***

Your effective date of employment is contingent upon your receipt of an appropriate health care provider field specific to this offer and credentials with UF Health Shands Hospital. It is your individual and sole responsibility to obtain and maintain an unrestricted health care provider license to practice in the state of Florida and to obtain and maintain unrestricted clinical privileges at the institution(s) to which you are or may be assigned. Your failure to obtain and maintain appropriate licensure or clinical privileges will be considered just cause for revocation of this offer or immediate termination of your employment.

1. **Salary** Please list hourly salary for non-exempt positions and annual salary for exempt positions.
2. **Begin Date and contract statement**
	1. **For exempt positions** use the following statement, **except employees already in another TEAMS exempt position:**

Your initial appointment will begin on (date). As a TEAMS exempt employee, you will serve an initial six-month probationary period. Upon successful completion of the probationary period, the appointment is renewable on an annual basis at the discretion of the University.

* 1. **For non-exempt positions** **use** the following statement, **except employees already in another TEAMS non-exempt position**:

Your initial appointment will begin on (date). As a TEAMS non-exempt employee, you will serve an initial six-month probationary period. Upon successful completion of the probationary period, the appointment is renewable on an annual basis at the discretion of the University.

* 1. **If the employee is already in another TEAMS position (without a break in service), please use the following:**

Your initial appointment will begin on (date). You will be issued a one-year notice of appointment, and the appointment will be renewable on an annual basis at the discretion of the University.

1. **Duties and responsibilities**

For all positions list a brief description of responsibilities

1. **Employment Eligibility Statement** *For all positions use the following statement:*

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 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 employee member is being employed on a visa, please include the following paragraphs:**

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 employee is being employed on an H1B, E3, TN or O1 visa, you should 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 \_\_\_ year(s), mm/dd/yyyy to mm/dd/yyyy.

1. **Employment Conditions** *For all positions use the following statement:*

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.

1. **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.

1. **Fringe Benefits Statement** *For all positions use the following statement:*

TEAMS employees are eligible to participate in the benefit programs offered by both the University of Florida and the state of Florida. Enrollment in insurance programs is not automatic; you must enroll within 60 days of your hire date to be covered. If you currently hold a position which is benefit eligible, you may be unable to make any adjustments until the annual enrollment period. Open enrollment typically occurs in the fall of each year. Details about benefits may be obtained by attending new employee orientation or visiting the University Benefits website at <https://hr.ufl.edu/benefits/>

You are required to participate in at least one of the retirement programs offered by the state of Florida, unless you have received a pension or distribution of employer contributions, including a rollover, from a retirement plan administered by the state of Florida. If you have received a retirement distribution, you are not eligible to participate or renew membership in a state of Florida retirement plan. Otherwise, an employee contribution of 3% is mandatory and you may select the retirement plan you wish to enroll. For more information, please attend new employee orientation or visit the UF Retirement website at <https://benefits.hr.ufl.edu/retirement/>.

Should you have questions regarding benefits or retirement, please contact University Benefits and Retirement at (352) 392-2477. For information on vacation and sick leave accruals and holidays, please visit the Leave Administration website at <https://benefits.hr.ufl.edu/time-away/> or see your employee handbook.

1. **Outside Activities and Conflicts of Interest** *For all positions use the following statement:*

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 <https://coi.med.ufl.edu/>.

1. **Intellectual Property** *For all positions use the following statement:*

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>.

1. ***Health/Risk Assessment***

**THE APPROPRIATE STATEMENT LISTED BELOW SHOULD BE INCLUDED IN ALL LETTERS OF OFFER FOR TEAMS EMPLOYEES 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.*

1. **HIPAA Privacy Statement** *For all positions use the following statement,* ***except employees already in another TEAMS position****:*

All University of Florida Health Science Center employees are required to sign a statement agreeing to maintain the confidentiality of protected health information, as well as complete specialized training regarding privacy and security.  Arrangements will be made to assist you with accessing these 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 re-sign the confidentiality statement, and to annually complete the on-line privacy and security training for as long as you continue to be employed by the University of Florida.

***If the employee is already in another TEAMS position (without a break in service), please use the following***: All Health Science Center employees are required annually to re-sign the confidentiality statement, and to annually complete the on-line privacy and security training for as long as you continue to be employed by the University of Florida.

1. **Federal Healthcare Programs** *For all positions use the following statement:*

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.

1. **Patient Records Statement** *Use only for those positions with* ***clinical privileges****:*

The University of Florida will be the owner of all medical or patient records generated by the practitioner.

1. **Medicaid Credit Balance** *Use only for those positions with* ***clinical privileges****:*

Your signature below affirms that you have diligently inquired and to your knowledge you have no outstanding Florida Medicaid credit balances that you incurred prior to your employment with the University of Florida that would in any way bar or delay Florida Medicaid reimbursement for your services rendered with the University of Florida.  If any such credit balances are revealed at anytime and results in the University of Florida being unable to collect from Florida Medicaid reimbursement for services you render on behalf of the University of Florida, you will be considered to have failed to effectively maintain eligibility with that program, which is a condition of your employment.  Should such an event occur and should you fail to promptly resolve the credit balance issue to the satisfaction of the University of Florida, you will be subject to immediate termination of your employment with the University of Florida.  The Medicaid claim department is available to provide assistance to you (800-289-7799).

If you have practiced medicine in a state other than Florida and your Medicare billing and collection benefits were assigned to your employer, you or your prior employer must file a CMS-855R, Reassignment of Medicare Benefits, to terminate your reassignment of Medicare benefits to that employer. Please note that, if you fail to ensure that a CMS-855R has been filed, and you relinquish your medical license in that state, or allow it to lapse, the Medicare contractor in that region could revoke your Medicare billing privileges for failure to report the loss of licensure, which will, in turn, result in the Florida Medicare contractor revoking your billing privileges. If your Medicare billing privileges are revoked, you must notify the University of Florida immediately. Such revocation may be appealed, but the time for the appeal is limited. In the event your billing privileges are revoked and an appeal is not successful, your employment with the University may be terminated immediately.

1. **Federal Payment Levy Program (FPLP)** *Use only for those positions with* ***clinical privileges****:*

The Taxpayer Relief Act of 1997, Section 1024, authorized the Centers for Medicare & Medicaid Services (CMS) to reduce certain federal payment, including Medicare and Medicaid payments, in order to allow collection of an employee’s overdue federal debts.  Please be aware that if any such overdue federal debts are revealed at any time during your employment with the University of Florida resulting in the university being unable to collect Medicare or Medicaid reimbursement for your services, you will be considered to have failed to effectively maintain eligibility with that program, which is a condition of your employment.  Should such an event occur and should you fail to promptly resolve the personal overdue debt issue to the satisfaction of the University of Florida, you will be subject to immediate termination of your employment with the University of Florida.

1. **Practice Privileges Statement** *Use only for those positions with* ***clinical privileges****:*

In accordance with UF Board of Trustees' policy, the appointee waives all rights he/she may have in any collected or any un-collected patient fees charged or billed as a result of clinical teaching and related activities in his or her role as a University of Florida employee.

1. **Acceptance** *For all positions use the following statement:*

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