***Letter for Adjunct Faculty & Adjunct Clinical Post Docs***

DATE

ADDRESS

Dear Dr. ,

We are pleased to offer you a \_\_ FTE position as a **(*adjunct* *clinical post doc OR adjunct faculty*)**, in the non-standard program of (***omit this line if ADJ FAC***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, UF College of Medicine. Your initial annual salary is \_\_\_\_\_\_\_\_\_\_\_.

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

***Adjunct Clinical Post Docs – Please include END DATE & add statement below***

***Adjunct Faculty – If END DATE is needed please contact us for further discussion. Otherwise, do NOT include END DATE***

Your employment under this contract will cease on \_\_\_\_\_ . No further notice of cessation of employment is required.

***(Include for Adjunct Clinical Post Docs ONLY)*** Adjunct Clinical Post Docs are eligible to receive the College-sponsored Housestaff fringe benefit program.

***(Include for Adjunct Faculty working less than 30hrs a week)***No fringe benefits are offered with this position and no retirement contributions will be made on your behalf.

***(Include for Adjunct Faculty working 30hrs a week or more)***

No retirement contributions will be made on your behalf. Adjunct faculty working 30 hours or more per week on average may be eligible to purchase the state of Florida’s health insurance and supplemental insurance plans.  Should you be eligible, a representative from People First, the state’s self-service, web-based Human Resource information system, will contact you with details on the enrollment process. For additional plan information, visit HRS Benefits: <http://www.hr.ufl.edu/benefits/>

***(Include a brief description of job duties. Must state “training” for Adjunct Clinical Post Docs ONLY)***

***Employment Conditions***

As a University of Florida **(*adjunct* *clinical post doc OR adjunct faculty member*)**, 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.

This offer of employment is contingent 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.

***Background Check***

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

***Verification of Education and Transcripts***

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 ***(department)***, or emailed directly from the institution to ***(department email)***. A transcript will not be considered official if a designation of “issued to student” is visible on the documentation.

***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.

***Patient Records Statement***

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

***License and Privileges Statement* *(include for all adjunct clinical titles)***

Your effective date of employment is contingent upon your receipt of a valid Florida Medical License and UF Health Shands Hospital Credentials. It is your individual sole responsibility to obtain and maintain an unrestricted license to practice medicine in the state of Florida and to obtain and maintain appropriate licensure or clinical privileges at the institutions (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.

***Practice Privileges* *(include for all adjunct clinical titles)***

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.

***Medicaid Statement* *(include for all adjunct clinical titles)***

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 any time 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).

***Federal Levy Program* *(include for all adjunct clinical titles)***

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.

***Health/Risk Assessment Statement*** ***(include if employee will have patient contact)***

New **(*adjunct* *clinical post docs OR adjunct faculty members*)** 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 **(*adjunct clinical post docs OR adjunct faculty members*)** 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.

***HIPAA Statement***

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. 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 five to ten days following your date of hire. All Health Science Center employees are required annually to sign the confidentiality statement and to complete the on-line 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.***

***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.

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 medial 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.

***FICA Alternative Plan***

As a **(*adjunct* *clinical post doc OR adjunct faculty member*)**, you automatically will be enrolled in the University of Florida’s FICA Alternative Plan. Under the provision of this retirement plan, instead of paying 6.2% social security taxes post tax you will contribute 7.5% of your pre-tax wages into an investment account in your name. The Medicare contributions at 1.45% will be withheld from your biweekly paychecks and will be matched by the university. Information regarding the FICA Alternative Plan is available at: <https://benefits.hr.ufl.edu/retirement/fica-alternative-plan/>

***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://research.ufl.edu/otl/IP.html>

***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 (<https://report.coi.med.ufl.edu/researcher/welcome> ). 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/> .

***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 you’re 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://adminaffairs.med.ufl.edu/files/2012/05/List-Accept-Doc.pdf>

***(If the new adjunct clinical post doc OR adjunct faculty member is being employed on a visa, please include the following paragraph)***

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.

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 adjunct clinical post doc OR adjunct faculty member is being employed on an H1B, E3, TN or O1 visa, you should also include the following paragraph)***

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.

***Direct Deposit***

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.

If you have any questions or concerns, please contact our office at (phone) or by email (email address).

Sincerely,

Department Chairman Approval (add signature block)

College of Medicine Dean Approval (add signature block)

**ACCEPTANCE:**

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

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

Name / Signature (*signs last*) DATE