

Date

Employee Name, degree

Address

Dear Dr. __:

We are pleased to offer you the position of Postdoctoral Associate (job code 000394) in the Department of _____, University of Florida College of Medicine. This is a _____ FTE position with a begin date of _____. Pursuant to University Regulations, your employment is renewable at the discretion of the University. In accordance with University of Florida rule 6C1-7.003, this position is considered OPS and is, therefore, temporary in nature.

At this time, we are requesting J-1 sponsorship for the period of _____ to _____ because we have a reasonable expectation that your employment will continue. However, your continued employment is subject to all University of Florida regulations.

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.

Your assignment will be _____ (i.e, 100% research). Specific duties will include _____.

As a University of Florida 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.

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. If you propose to engage in any outside activity or have a potential conflict of interest, you must notify (supervisor) in writing using the proper University of Florida forms and obtain written approval from (supervisor) and the College of Medicine prior to engaging in these activities. 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.

(remove non-applicable wording from the following paragraph):

As a new employee of the College of Medicine whose job duties will involve patient care or animal care for which medical monitoring will be required, it is advisable and necessary that you participate in a confidential pre-placement health screening program administered by the University of Florida's Occupational Medicine Program. Participation in this program will minimize any occupational risks to you and will ensure that you can safely perform the essential functions of your new position. Also, because your position with the College of Medicine will involve animal contact, a risk assessment for animal contact will need to be conducted.

Enclosed is a pre-placement screening medical review form, along with a “Risk Assessment for Animal Contact” form, both of which need to be completed. Upon your arrival at the university, an appointment will be made for you to visit with a representative of the University of Florida’s Occupational Medicine Program to review your medical history and to conduct the risk assessment for animal contact. You will need to bring these completed forms with you for your appointment with the representative of the Occupational Medicine Program. Please be aware that your medical history information will be kept confidential and will not be shared with the College of Medicine or with the Department of _____. Please also be aware that all employees who have contact with human blood or OPIM will be required to be trained by the University of Florida on the specifics relating to your contact with human blood. This training and documentation will occur following your arrival.

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.

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

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.

Full-time University of Florida Postdoc Associates earn 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 25th 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.

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 five 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, 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.

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.

This offer of employment and your continued employment with the University of Florida is 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. On or before your first day of employment, you must complete section 1 of Form I-9 of the U.S. Citizenship and Immigration Services, and provide the necessary documents to establish identity and employment eligibility. If acceptable documents are not provided to establish employment eligibility on or before your third day of employment, your employment will be suspended until the appropriate documents have been provided by you to the department. A list of acceptable documents to establish identity and employment eligibility can be found online at <http://www.med.ufl.edu/personnel/hradmin/ListAcceptDoc.pdf>.

As a Post Doc Associate, you will be eligible to enroll in health insurance. Please be aware that as a J-1 Research Scholar, you will be required to purchase and maintain health and emergency evacuation insurance for yourself and all family members that meets the minimum standards set by the Department of State's Exchange Visitor Program effective from the first day of arrival. Therefore, you will be required to purchase a short term policy to cover the interim period. Once here, please contact the Grad Assistant and Post Doc Associate Benefits Office at (352) 392-0003 during the first 30 days of your employment as enrollment in health insurance is not automatic. 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 <http://www.hr.ufl.edu/retirement/voluntary/default.asp>.

You will be issued a certificate of Eligibility for Exchange Visitor (J-1) status (Form DS-2019), which will allow you to apply for a J-1 Visa and participate in the Exchange Visitor Program. If immediate family members (spouse and/or child) will accompany you, you will also receive a Form DS-2019 for each one of those family members. The Faculty and Scholar Services office will provide you with the DS-2019 form(s) and additional information regarding the Exchange Visitor Program regulations and your responsibilities. Note that you will be responsible for all fees and expenses related to your visa and stay here; if you intend to bring dependents, you will need to demonstrate that you have the required financial support for your spouse (\$1,000/month) and children (\$500/month per child). Immediately after you arrive, you are

required to complete the check-in process with the Faculty and Scholar Services office. If you do not complete the check-in process within 30 days of your arrival, your J Program will be cancelled. During your stay in the U.S. you are responsible for adhering to all university, immigration and exchange visitor program regulations and procedures.

All J program participants bear a continuing responsibility throughout their program period to maintain their legal non-immigrant status. All employees bear a continuing responsibility throughout their employment to maintain eligibility to work in the U.S. The University cannot pay a wage to any person not lawfully authorized to work, regardless of the cause.

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.

Sincerely,

Chair Name
Title
Department

Michael L. Good, M.D.
Dean, College of Medicine

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

Employee Name Date