**SAMPLE LETTER OF OFFER**

**NON-EXEMPT TEAMS EMPLOYEE**

DATE

Name

Address

Address

Dear \_\_\_\_\_\_\_\_\_\_:

This letter is to formally offer you the position of <title> position <# 0000000>, in the <Department> at the University of Florida. This appointment is a full-time, time-limited TEAMS non-exempt position with a starting rate of pay of <$XX.XX> per hour and is effective <date>.

**Job Responsibilities**

As discussed during your interview, the principal duties and responsibilities assigned to this position are <job duties from position description here>. To accept this position, please sign and return this letter to my office or provide me with a separate letter of acceptance.

**Pre-employment Screening**

We are excited you are joining our team. To help facilitate this process, a successful pre-employment screening must be completed. This includes a review of criminal records, reference checks, verification of education, and any health assessments that may be required.

As a condition of this offer of employment and as part of your pre-employment screening, you are required to satisfactorily complete the university’s COVID-19 screening process. The screening includes a questionnaire and the option to participate in the UF COVID-19 nasal swab testing. Please note, any delay in this process may require an adjustment to your start date. If a change to your start date is needed, you will receive notification of this change in the form of an addendum.

**Probationary Period**

As a TEAMS Non-Exempt employee, you will serve an initial six-month probation period. Upon successful completion of the probationary period and pursuant university regulations, the appointment is renewable on an annual basis at the discretion of the university.

**Employment Paperwork Requirements**

As a federal contractor, the University of Florida participates in E-Verify, the federal **online** verification system. As such, the university is required to verify the identity and work authorization of all new employees.

To comply with these requirements, prior to 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. Failure to provide the appropriate documentation by the end of the third business day as required by law may lead to termination of 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>.

*\*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 the number above.*

The MyFRS Financial Guidance Line (866) 446-9377 is available for experienced, unbiased financial guidance and can answer questions regarding retirement plan choices and eligibility.

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).

The staff of <Department> and I are delighted to have the opportunity to work with you. Should you have any questions, please let me know. Welcome to the College of Dentistry!

Sincerely,

Name

Title

I understand and accept the conditions of this appointment as outlined above.

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Employee’s name Acceptance Date

Attachment