**College of Dentistry**  1395 Center Drive

 Gainesville, FL 32610

 352-273-5800

 352-392-3070 Fax

SAMPLE LETTER OF OFFER

OPS EMPLOYEES

DATE

Name

Address

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

This letter is to formally offer you the position of OPS <title>, in the <Department> at the University of Florida. This appointment is a full-time, time-limited 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>.

**Pre-employment Screening**

We are excited you are joining our team. As part of the hiring process, a successful pre-employment screening must be completed for the offer of employment to take effect. This includes a satisfactory review of criminal records, reference checks, verification of education, and any health assessments that may be required.

**Employment Paperwork Requirements**

As a federal contractor, the University of Florida is required to verify the identity and work authorization of all new employees. To help us comply with federal requirements we ask you,

* Complete Section 1 of Form I-9 on or prior to your first day of employment.
* 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**

OPS appointments provide no fringe benefits other than employer Medicare Taxes. In lieu of employee social security taxes, 7.5% of your salary will be deposited into a fully transferrable retirement program called the FICA Alternative Plan. More information is available at: <https://benefits.hr.ufl.edu/retirement/fica-alternative-plan/>.

Under ACA the law requires employers to offer affordable health insurance coverage to employees who work on average 30 or more hours per week. While most employers may delay for a year, Florida law requires the State Group Insurance Program to proceed with implementation for January 1, 2014. However, the State is now required to offer coverage to individuals hired into OPS positions and in other temporary job classifications who work on average 30 hours per week over the state's defined measurement period.

Your colleagues at the <Department> and I are delighted to have the opportunity to work with you. Should you have any questions, please let me know.

Sincerely,

Name

Title

**Acceptance of Offer**

Please indicate your acceptance of our offer by signing below and returning a copy of the letter, with your original signature, to me no later than <date>.

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

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Employee’s name Acceptance Date