**Last Updated: February 13, 2024**

**Instructions:**

1. Use this template for recruited students you want to admit into your **Doctoral** degree program AND offer financial support with funding from the state or nonstate support Provost Initiative as a **Graduate Assistant – Teaching Assistant**.
2. All appointments must be **.50 FTE**
3. Awards not related to a work assignment, such as scholarships and fellowships, etc., can be included in this letter.
4. If more than one academic or administrative unit are making commitments for employment, two separate Letters of Appointment should be provided to the student.
5. Letter must be printed on official UF letterhead.
6. Remove language from header and footer.

[Insert date]

Dear [insert name]:

On behalf of the University of Florida, welcome and congratulations! I am pleased to offer you a graduate assistant appointment at the University of Florida, Department of [unit] beginning [semester and year]. This [insert FTE amount] appointment has a salary of [insert rate] paid in bi-weekly installments of [insert amount].

**Appointment Terms and Conditions**

Your duties and responsibilities include, but are not limited to, [insert description of duties and responsibilities -- Example – lecturing, teaching discussion sections, holding regular office hours, responding to the academic needs of your students, grading, assigning grades, course administration, preparation for the next semester, and other duties as assigned. If this appointment includes a research assignment, include the duties and responsibilities here] Your work activities are to be coordinated with your supervisor, [insert name and title of supervisor].

This position is represented by the United Faculty of Florida Graduate Assistants United (UFF-GAU) bargaining unit. Information regarding the UFF-GAU is available at <https://www.ufgau.org/>.

This appointment is subject to the constitution and laws of the State of Florida, the rules of the Florida Board of Governors, the University of Florida’s Board of Trustees, the UFF-GAU Collective Bargaining Agreement, and university regulations and policies. Regulations and policies that may affect your appointment are reviewed on an ongoing basis. To ensure that you are aware of the most current regulations and policies, please regularly visit the Regulations website at <https://policy.ufl.edu/> and the Forms and Policies website at <https://hr.ufl.edu/forms-policies/>. The State of Florida and the University of Florida retain the right to modify or rescind any law or regulation governing the conditions of your employment.

**Length of Appointment**

While we anticipate continuing your 12-month appointment for \_\_\_\_\_ [indicate academic or calendar] years, the appointment is renewed annually, conditional upon all of the following:

* availability of funding
* satisfactory performance
* maintenance of the minimum required registration
* an overall graduate GPA of 3.0 or higher
* compliance with the terms and conditions of this Letter of Appointment

**Assigned Work Location**

You are currently assigned to work at \_\_\_\_\_\_\_\_\_\_ (i.e. main campus, Lake Nona, etc.). For information on how to request an alternate work location, please visit <https://hr.ufl.edu/manager-resources/alternate-work-location/>. Requests will be considered on a case-by-case basis in accordance with university policy.

**Tuition Waiver**

Your stipend will be accompanied by a tuition waiver for the minimum required registration (9 credits each Fall and Spring, 6 credits in Summer C). Be aware that Self-funded and international courses are not eligible courses to meet the registration requirements for a tuition waiver. Tuition is included in your assistantship; however, you are responsible for the fees associated with each credit hour of registration. Detailed information on current tuition and fees can be found at <https://www.fa.ufl.edu/directive-categories/tuition-and-fees/>.

If you do not meet all of the eligibility requirements outlined in this Letter of Appointment and in the Graduate Student Handbook (<https://grad.ufl.edu/academics/handbook/>),all tuition payments may be voided and rescinded. You agree that any change in eligibility of academic or employment status after your graduate tuition payment is processed will result in the **original payment liability being reassigned to you.**

**Florida Residency**

You should apply for Florida residency if you become eligible.Eligibility for students claiming in-state residency status requires specific criteria to be met based on various factors. Detailed information on the eligibility criteria and how to apply for Florida residency can be found at [UF Registrar's Residency Webpage](https://registrar.ufl.edu/services/residency#:~:text=A%20student%20claiming,of%20higher%20education.).

**Employment Verification**

As a federal contractor, the University of Florida (EIN 59-6002052) is required to verify the identity and work authorization of all new employees. To help us comply with federal requirements, we ask that you complete Section 1 of Form I-9 on or prior to your first day of employment and 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.

**Employment of Relatives**

The University of Florida is committed to a policy of employment and advancement on qualifications and merit and does not discriminate in favor of or in opposition to the employment of relatives per UF Regulation 1.009 (<https://regulations.ufl.edu/wp-content/uploads/2012/09/1.009.pdf>). If you have a relative and/or person living in the same household employed by the university, provide their name and department in the space below:

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**Health Benefits**

If you are appointed at a .25 FTE or greater, you are eligible to enroll in the GatorGradCare health insurance plan. Enrollment in GatorGradCare is not automatic; you must submit your enrollment within 60 days of your date of hire to participate in plan coverage. Information about the GatorGradCare plan and enrollment instructions can

be found at [https:/benefits.hr.ufl.edu/health/gatorgradcare/](https://benefits.hr.ufl.edu/health/gatorgradcare/). GatorGradCare meets the university’s mandatory student health insurance requirement and plan participants may waive the student health plan.

**Outside Activities**

If you wish to engage in a reportable outside activity or interest, or if you think you have a conflict of interest, you must notify your supervisor using the proper University of Florida process and obtain approval prior to engaging in these relationships. This notification must be done annually for as long as you continue to engage in the outside relationship or have a conflict of interest. For more information about the disclosure process and policy, please visit the Conflicts of Interest Program website: [www.coi.ufl.edu](http://www.coi.ufl.edu).

**Acknowledgment of Appointment**

Please review the details of the offer in this Letter of Appointment and, if you agree to all of its terms and conditions, return a signed copy to me as soon as possible, but no later than [insert any date after April 15 when the letter must be returned]. Acceptance is not considered a waiver of your right to process a grievance concerning this appointment, pursuant to any applicable law, rule, or provision of the UFF-GAU Collective Bargaining Agreement. This appointment shall not create any right, interest, or expectancy in any other appointment beyond its specific term.

We are excited about your acceptance of our appointment offer. We will have additional paperwork for you to complete prior to the beginning of the [insert semester] semester in order to finalize your appointment. We will contact you after we have received this signed Letter of Appointment to schedule a meeting. Please do not hesitate to contact me at (352) [insert phone number] or by e-mail at [insert email address] if you have any questions about this letter.

Sincerely,

Name

Title

Signature of Supervisor

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Employee Name: Date Supervisor Name: Date

**Administrative Information Summary**

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| --- | --- |
| **Date:** | Enter effective date of appointment |
| **Name:** | Enter name of new graduate assistant  |
| **UFID:** | Enter UFID number  |
| **Classification Title:** | Select GA-T  |
| **Department/Unit:** | Enter hiring department name |
| **FTE:** | Must be .50 FTE  |
| **Salary Plan:**  | GA12 or GA09 |
| **Bi-Weekly Rate of Pay:** | Bi-weekly rate is annual pay divided by 26.1 (12-month) or 19.5 (9-month) |
| **Annual Rate of Pay:** | Multiply bi-weekly amount by 26.1 pay periods or 19.5 (9-month) |
| **Begin Date:**  | Enter date that matches start date of academic semester |
| **End Date:** | Enter date that matches end date of academic semester |
| **Evaluation Date:** | Enter date or month of evaluation |
| **Special Conditions:** |  |