**Last Updated: November 9, 2024**

**Instructions:**

1. Use this template for exempt OPS employees only.
2. Letter must be printed on official UF letterhead.
3. 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 formally offer you the position of OPS [Classification Title], in the [Department] at the University of Florida. This [full-time/part-time] OPS Exempt appointment has a starting annual salary of [$XXXXX (must be $35,568 or higher)] at [FTE amount] FTE. Your start date is tentatively scheduled for [date].

**Job Responsibilities**

As discussed during your interview, the principal duties and responsibilities assigned to this position are [enter duties and responsibilities here].

**Pre-employment Screening** [Remove this section for transferring employees with no break in service]

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, but is not limited to, a satisfactory review of criminal records, reference checks, verification of education, verification of experience, and any health assessments that may be required.

**Employment Paperwork Requirements** [Remove this section for transferring employees with no break in service]

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 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.

**Conditions of Appointment**

OPS employees at the University of Florida are at-will temporary personnel. This means your employment is for an indefinite period of time and it is subject to termination by you or the University of Florida at any time.

All UF appointments are subject to university regulations and policies. Regulations and policies that may affect your employment 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 <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.

**Benefits**

You will be eligible for state benefits if your FTE is .75 (30 hours per week) or greater, and 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://hr.ufl.edu/benefits/eligibility>. Please contact UFHR Benefits at (352) 392-2477 or benefits@ufl.edu if you have questions or need further information.

The Federal Insurance Contributions Act (FICA) Alternative Plan is a mandatory retirement savings plan under Internal Revenue Code section 401(a) with Fidelity Investments and is required for eligible OPS employees. Enrollment is automatic with a contribution rate of 7.5% bi-weekly; information regarding eligibility can be located at: <https://hr.ufl.edu/benefits/retirement/plans/fica>. You may also voluntarily participate in other retirement saving plans; information regarding these plans may be viewed by navigating to: <https://hr.ufl.edu/benefits/retirement/plans>.

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,

[Department Administrator 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.

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

[Insert Name] Date