

Letter for Adjunct Faculty

Address

Dear Dr. ,

We are pleased to offer you a ___FTE position as an Adjunct (title), Class Code (number) in the Department of _____, UF College of Medicine. Your initial annual salary is _____.

Your begin date will be _____. Pursuant to the University Regulations, your employment is renewable at the discretion of the University. In accordance with the University of Florida rule UF-7.003, this position is consider OPS and is, therefore, temporary in nature.

(brief description of job duties)

**** Please include this statement for H1-B visa applicants****

This offer of employment is conditioned upon the University being able to obtain employment authorization for you based on the terms and conditions set forth in this offer. Should the University not be able to secure approval of your employment authorization on the terms and conditions set forth on this offer, this offer will be considered null and void. These terms and conditions of this offer are detailed below.

(brief description of job duties)

****Note Adj. Clinical Post Docs do receive resident fringes****

No fringe benefits are offered with this position and no retirement contributions will be made on your behalf.

**** Verification of Education and Transcripts****

In conjunction with the verification of your education, an official copy of the transcript of your highest degree must be submitted prior to the start date of your employment. The official transcript must be delivered in a sealed envelope to (dept), or emailed directly from the institution to (dept). A transcript will not be considered official if a designation of “issued to student” is visible on the documentation

Choice of Law

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.

IF BILLING ADJ FACULTY INCLUDE THIS STATEMENT:

License and Privileges Statement

Your effective date of employment is contingent upon your receipt of a valid Florida Medical License and Shands HealthCare Credentials. It is your individual sole responsibility to obtain and maintain an unrestricted license to practice medicine in the state of Florida and to obtain and maintain appropriate licensure or clinical privileges at the institutions (s) to which you are or may be assigned. Your failure to obtain and maintain appropriate licensure or clinical privileges will be considered just cause for revocation of this offer or immediate termination of your employment.

Patient Records Statement

The University of Florida will be the owner of all medical or patient records generated by the practitioner.

Medicaid Statement

Your signatures also affirms that you have diligently inquired and to your knowledge have no outstanding Florida Medicaid credit balances that you incurred before your employment with the University and that would in anyway bar or delay Florida Medicaid reimbursement for your services rendered with the University. Please be aware that, if any such credit balances are revealed at any time and result in the University being unable to collect from Florida Medicaid reimbursement of services you render with the University then you have failed to effectively maintain eligibility with that program, which is a condition of your employment. In such an event, if you do not promptly resolve the credit balance issue to the satisfaction of the University, then your employment will be terminated immediately.

Federal Levy Program

The Taxpayer Relief Act of 1997, Section 1024, authorized the Centers for Medicare & Medicaid Services (CMS) to reduce certain federal payment, including Medicare and Medicaid payments, in order to allow collection of an employee's overdue federal debts. Please be aware that if any such overdue federal debts are revealed at any time during your employment with the University of Florida resulting in the university being unable to collect Medicare or Medicaid reimbursement for your services, you will be considered to have failed to effectively maintain eligibility with that program, which is a condition of your employment. Should such an event occur and should you fail to promptly resolve the personal overdue debt issue to the satisfaction of the University of Florida, you will be subject to immediate termination of your employment with the University of Florida.

Health Assessment Statement:

As a new faculty member whose job duties will involve patient care, animal care or exposure to blood borne pathogens for which 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 insure that you can safely perform the essential to your new position. Enclosed you will find a pre-placement

screening medical review form, which you need to complete and return in a pre-addressed envelope to the University of Florida's Occupational Medicine Program prior to beginning your employment with the University of Florida. Please be aware that your medical history information will be kept confidential and will not be shared with the Department of _____ . Please also be aware that all faculty members 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 in our department.

HIPAA Statement

All University of Florida Health Science Center employees are required to sign a statement agreeing to maintain the confidentiality of protected health information. Enclosed is a copy of the University of Florida's confidentiality statement. Please read, sign and return the confidentiality statement to me. All University of Florida Health Science center employees also are required to complete specialized training regarding privacy and security that involves HIPAA general awareness and Principal Investigator training, as applicable. Arrangements will be made to assist you with accessing this on-line training following your arrival at the university. Please be aware that all Health Science Center employees are required annually to re-sign the confidentiality statement and to complete on the on-line privacy and security training.

Compliance Statement

Your signature on this letter affirms you are not currently excluded, debarred or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs and that you have not been convicted of a criminal offense related to the provision of health care items or services. Your eligibility to participate in federal health care programs is a condition of your employment with the University. If you are at any time excluded, debarred or otherwise declared ineligible to participate in federal health care programs (other than through a College of Medicine-approved "private contracting" arrangement) or in federal procurement or non-procurement programs to be convicted of a criminal offense related to the provision of Health care items or services, your employment may be terminated immediately.

FICA Alternative Plan

As an Adjunct faculty member, you automatically will be enrolled in the University of Florida's FICA Alternative Plan. Under the provision of this retirement plan, instead of paying 6.2% social security taxes post tax you will contribute 7.5% of your pre-tax wages into an investment account in your name. The Medicare contributions at 1.45% will be withheld from your biweekly paychecks and will be matched by the university. Information regarding the FICA Alternative Plan is available at: <http://www.hr.ufl.edu/retirement/other/FICA.asp>

Intellectual Property

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

Outside Activity and Conflict of Interest:

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 interest. 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 years for as long as you continue to engage in such activity or have such conflict of interest.

Immigration

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 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>.

Direct Deposit

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.

Please feel free to call me if you have questions.

Sincerely,

Chairman

New Hire Signature Box

Dean Signature Box