



**UNIVERSITY OF CENTRAL FLORIDA
NON-UNIT POST DOCTORAL ASSOCIATE AGREEMENT**

On behalf of the University of Central Florida, it is a pleasure to offer you this agreement for services as described below. This is subject to the Constitution and Laws of the State of Florida, and the applicable rules and regulations of the state and the University. Neither this agreement, nor any action or commitment taken pursuant to it, is final or binding upon the parties until, and unless, the signature of the University President or representative as approving authority, and the signature of the Employee have been affixed.

Employee Name: _____
Last
First
Middle

Employee ID: _____ Position Number: _____

Job Code/Title: Post Doctoral Associate (9189 - with benefits)

Employee Class: Post Doctoral Associate Assigned FTE: _____

Liability Acct # & Name: _____

Division: _____

Salary is based on a ____-month agreement from ____ / ____ / 200__ to ____ / ____ / 200__.

Annual Rate(based on 26.1 pay periods): \$ _____ Biweekly Rate: \$ _____

Special Conditions of Employment:

This agreement replaces any previous agreement that covers all or part of this period and supersedes any such previous agreement. Nothing in this appointment shall be deemed to create any right, interest, or expectancy of continued employment beyond that term set forth above. The University reserves the right to terminate this appointment agreement. An employee may be notified of non-reappointment at any time during the term of this appointment.

Federal Immigration Laws require this offer to be contingent upon your ability to provide documentation proving United States citizenship or your legal right to work in the United States.

- **Employment under this agreement will cease on the date indicated. No further notice of cessation of employment is required.**
- **Post Doctoral Associates are eligible for limited benefits.**
- **Post Doctoral Associates are not eligible for leave payouts.**

This agreement must be returned to the approving authority (indicated by the signature below) within 10 days of the Date of Offer.

President or Representative

Date of Offer

Employee

Date of Acceptance

Records Original _____
 Div/Dept/Coll Copy _____
 Employee Copy _____