



NAME _____
 EMPLID _____
 DEPARTMENT _____
 DATE OF HIRE _____
 PHONE _____
 EMAIL _____

Orientation Notice

Orientation has been scheduled for you on **Friday, _____, 20__**, regarding University policies, procedures, and benefits. Orientation will be held in the **Human Resources Training Room, 12565 Research Parkway, Suite 360 from 8:30 a.m. to 5:00 p.m.**

PLEASE NOTE: As a new employee, you have 60 days from your date of hire to enroll in health, life, dental, and certain supplemental insurance plans without evidence of insurability. If you miss the above scheduled orientation session or should your 60 days expire before your scheduled orientation, it is **your** responsibility to contact the *Organizational Development and Training Section of Human Resources (407-823-0440)* to reschedule an orientation date and the *Benefits Section of Human Resources (407-823-2771)* to apply for any type of insurance you may want. In most cases, the effective date of health insurance coverage is the first day of the month following prepayment of one month's premium through payroll deduction. Contact the Benefits Section for the exact due date for forms and premiums.

I acknowledge by initialing below, that I have received a copy of the Notice of Drug-Free Schools and Drug-Free Workplace Policy. I have also been made aware that the Human Resources website located at <http://hr.ucf.edu> contains information pertinent to my employment at the University of Central Florida. This includes the Terms and Conditions of Employment, Standards for Disciplinary Action, and other policies and procedures. For information regarding retirement, I understand that I may view the FRS Retirement Guides on-line at www.frs.state.fl.us. I understand that it is my responsibility to review these documents in their entirety.

_____ Drug-Free Schools & Workplace Policy

I agree to return all State of Florida and UCF property in my possession, and settle all accounts prior to receipt of my final paycheck. I agree to have my final paycheck garnished to compensate for property I fail to return, or accounts I fail to settle upon departing employment with UCF.

Signature

Date

I understand, in accordance with 96-310, Laws of Florida and Section 110.113, Florida Statutes, that participation in the direct deposit program is mandatory. I understand that a completed Direct Deposit Authorization Form and either a voided personal check or a copy of my savings account identification must be submitted to Human Resources during this new employee sign-in session. I also understand that I will not receive my first paycheck until this requirement is met.

Signature

Date

FACULTY AND ADMINISTRATIVE & PROFESSIONAL (A&P) POSITIONS ONLY:

I understand that Faculty and A&P employees are automatically enrolled in the Optional Retirement Program (ORP). I have 90 days from my date of employment (the appointment date stated on my employment contract) to affirm my ORP membership by selecting a company/companies for investment, or to elect membership in the Florida Retirement System (FRS). I understand that to enroll in the ORP, I must complete Form ORP-16 a company application. I understand that if I elect to enroll in the FRS, I must complete Form **and** ORP-16 declining enrollment in ORP. I understand that if I do not select an ORP company within 90 days, I will be irrevocably transferred to the FRS. For more information regarding the differences between the Optional Retirement Program (ORP) and the Florida Retirement System (FRS), you may view the Retirement Plan Alternatives Booklet at www.fldcu.org/ohr/retire/animation/first.asp.

Faculty/A&P Employee Signature

Date