



UNIVERSITY OF CENTRAL FLORIDA
MEDICAL RESIDENT AGREEMENT

On behalf of the University of Central Florida, it is a pleasure to offer you this agreement for medical resident appointment as described in the attached Supplemental Resident Appointment and Employment Agreement. 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 (including the Supplemental Resident Appointment and Employment Agreement), nor any action or commitment taken pursuant to it, is final nor 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: _____

Employee Class: _____ Assigned FTE: _____

Liability Dept # & Name: _____

Division: _____

Salary is based on a twelve (12) month period

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

Employment term will be from ___ / ___ / 20___ to ___ / ___ / 20___

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 in accordance with Section 6 of the Supplemental Resident Appointment and Employment Agreement. An employee may be notified of non-reappointment at any time during the term of this appointment but at a minimum four (4) months prior to the expiration of the term set forth above. Funding is contingent upon the availability of funds.

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.
• Medical Residents are eligible for limited benefits.
• Medical Residents 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 ____