



**USPS
MEMORANDUM**

TO: **Employee's Name:** _____
Employee ID#: _____

FROM: Hiring Supervisor: _____
Department: _____

DATE: _____

RE: Time-Limited Appointment as a(n): _____

Your appointment will begin (date) _____.

As an employee in a "Time-Limited" appointment, there are certain aspects of employment, of which you should be aware.

Funding for this position may be eliminated or reduced as a result of conditions beyond the control of the university, which may result in termination of your employment before the anticipated end date. Funding also may be available to extend the appointment beyond the anticipated end date. In either case, you will remain a time-limited appointee (regardless of future title changes within the same position number) unless you are notified otherwise in writing. You are not entitled to appeal termination due to the expiration, cancellation, or reduction of funding. In accordance with UCF-3.0123(7)(F) of the UCF regulations, there are no layoff rights associated with your time-limited appointment. However, you are entitled to all the rights, privileges, and benefits of regular, full or part-time employment. You will still serve an initial probationary period while in a time-limited position.

If you are vacating a regular position to accept this appointment, you will have no rights to that position or any other position at the conclusion of this appointment. If your time-limited employment is terminated, you are not eligible for lay off rights. As always, you will have the opportunity to interview for other positions.

If you have any other questions about "Time-Limited" employment, do not hesitate to ask. Assistance is available from the Talent Acquisition and Employee Relations sections of Human Resources at extension 3-2771.

To be read and signed by the new employee. Attach to the Electronic Personnel Action Form (ePAF). Going forward, please submit a new or renewed ePAF as actions may dictate.

I have read and understand the above reference to "Time-Limited" employment.

Employee's Name

Date

Department

Date

- Original – Department File
- Copy - Employee
- Copy - Human Resources, Employment Services & Records