

NAME \_\_\_\_\_

HR LIAISON/CONTACT \_\_\_\_\_

EMPLID \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

PERSONAL EMAIL \_\_\_\_\_

## Orientation Notice

Orientation (mixed mode) has been scheduled for you on **Friday, \_\_\_\_\_, 20\_\_\_\_**, regarding University policies, procedures, and benefits. Orientation will be held in the **Human Resources Training Room, 3280 Progress Dr. Suite 100, from 8:00 a.m. to 12:00 p.m.**

Please see, <http://hr.ucf.edu/files/ShouldKnowBeforeAttendingNewEmployeeOrientation.pdf> for more information.

**If you can't attend your assigned Orientation Day, please request a fully online version by emailing [od&training@ucf.edu](mailto:od&training@ucf.edu) and indicate why you can't attend in person. Mixed Mode Orientations are held on payday Fridays.**

**PLEASE NOTE:** As a new employee, you have 60 days from your date of hire to enroll in benefits through People First (health, life, dental, and others). You also have 60 days from your date of hire to enroll in certain supplemental insurance plans through the Gabor Agency 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)* regarding insurance options. 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 with questions.

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 [www.hr.ucf.edu](http://www.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.myfrs.com](http://www.myfrs.com). 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 further agree and consent that failure to return property and settle accounts will result in deductions from my final paycheck and/or eligible leave payout. If the full amount cannot be deducted, my account will be referred to a collection agency, and I agree to reimburse the fees of any collection agency, which may be based on a percentage of the debt collected, and all costs and expenses, including reasonable attorneys' fees incurred in such collection efforts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand, in accordance with UCF Regulation 3.039, 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 in order to establish the direct deposit process with my financial or banking institution.

\_\_\_\_\_  
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 and a company application. I understand that if I elect to enroll in the FRS, I must complete Form ORP-16 declining enrollment in the 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 <https://www.rol.frs.state.fl.us/forms/Comparison.pdf>.

\_\_\_\_\_  
Faculty/A&P Employee Signature

\_\_\_\_\_  
Date