

New Hire Checklist—Academic Personnel

Use this checklist to ensure all necessary paperwork has been completed by applicant being hired based on applicable salary plan

| | | |
|--------------------------|-----------------------|---------------|
| New Hire's Name: _____ | UFID: _____ | ePAF #: _____ |
| Department: _____ | Dept. Contact: _____ | |
| Dept. Phone/Email: _____ | Date Completed: _____ | |

Complete only as indicated: R – Required A – If Applicable X – Not Required

| ** SENT WITH LETTER OF OFFER ✓ PAPERWORK/COMPLETED | FACULTY | Academic OPS Faculty (Adjunct) & OPS Physician (Hrly.) | Post- Doctoral Associates |
|---|----------------|---|--|
| ** Letter of Offer | R | R | R |
| ** Resume or CV | R | R | R |
| ** New Hire Demographic Form This form is used to process the Criminal Background Check | R | R | R |
| ** HIPAA Confidentiality Statement (provided with letter of offer) | R | R | R |
| ** Health Assessment: (all medical forms provided with letter of offer) | A | A | A |
| I-9 Supporting Documents (List of Acceptable Documents) | R | R | R |
| Social Security Card (enlarged, clear copy of front and back) (If not used for Section 2 of I-9, must still obtain for tax purposes) | R | R | R |
| Foreign Degrees - if the degree was earned outside of the US, they will need to provide a degree equivalency report through NACES. http://www.naces.org/index.html | R | R | R |
| Copies of medical school diploma, residency, fellowship and board certifications. If a GME certificate is not available, a signed letter from the Program Director must be provided. | R | R | R |
| Copy of DEA | A | A | A |
| Copy of Florida State Medical License | A | A | A |
| Copy of Driver's License | A | A | A |
| Official Transcripts (no copies) - envelope must be sealed | R | R-Adjunct X-OPS Physician | R |
| Emergency Contact Form | R | R | R |

Complete only as indicated: R – Required

A – If Applicable

X – Not Required

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|--|---------|---|---------------------------------|
| Three (3) Letters of Recommendation or Documentation of Three Reference Checks via Phone (letters may not be from someone that served in the Search Committee). | R | A | R-If Advertised |
| Professional Liability Questionnaire (complete only with Clinical privileges) | R | R | R |
| OPS Physicians ONLY – OPS Employment Application | X | R | X |
| Nepotism-Approved Waiver – include required documentation | A | A | A |
| <p style="text-align: center;">THE FOLLOWING DOCUMENTS WILL BE COMPLETED FOR ALL THROUGH ON-LINE GATORSTART ON-BOARDING PACKET.</p> <p>GATORSTART ON-LINE FORMS: After receipt of the signed contract/offer letter, we will submit the hire into MyUFL which will initiate GatorStart (a UF on boarding hire process). This will trigger an email to be sent to the employee with information for them to complete the following forms on-line:</p> | | | |
| <p>I-9 W-4 Direct Deposit Form Loyalty Oath and Intellectual Property (1st page will need to be printed by the faculty and notarized) EEO Survey Veteran’s Survey Invitation to Self-Identification ACA Consent Benefits and Retirement (On Offer Letters if required and/or contact benefits@ufl.edu) Disclosure of Outside Activities and Financial Interests *If employee checks Box 2, have them complete form Florida Retirement System Certification Form</p> | | | |