



UNIVERSITY OF CENTRAL FLORIDA  
 ORLANDO, FLORIDA 32816

**ADJUNCT FACULTY AGREEMENT**

On behalf of the President of the University of Central Florida and the Board of Trustees, and in accordance with the regulations appertaining thereto and further subject to the constitution and laws of the State of Florida, it is a pleasure to offer you an appointment as follows:

**Name:** \_\_\_\_\_  
**Employee ID:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Overall Compensation:** \_\_\_\_\_  
**Start and End Dates:** \_\_\_\_\_ through \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

You will appreciate that this agreement may only be renewed by mutual consent between you and the University of Central Florida and carries no implications of continuing employment beyond the term for which it is effective. In addition, the employee agrees to waive any right he/she may have for a notice of non-renewal of this agreement. Further it is also understood that the position covered by this agreement is not a tenure-earning position. Employees not eligible to participate in the Florida Retirement System Plans will be enrolled in the FICA Replacement Plan. This is a mandatory condition of employment. Details regarding the plan are available on the UCF Human Resources website <http://hr.ucf.edu>.

Please be advised that the FICA Replacement Plan is considered to be a "tax qualified plan" for purposes of determining your ability to make before-tax contributions to an individual retirement account ("IRA"). If your total income (or, if married and filing a joint return, the total income of you and your spouse) exceeds certain levels you may not be eligible to make before-tax contributions to an IRA due to your participation in the FICA Replacement Plan. Accordingly, you may want to seek the advice of your individual tax advisor before making IRA contributions.

**Special conditions of employment:**

**Signed:** \_\_\_\_\_  
Employee

**Signed:** \_\_\_\_\_  
Vice President, Dean, or Representative

**Acceptance Date:** \_\_\_\_\_

**Offer Date:** \_\_\_\_\_

HR Copy \_\_\_\_\_  
 Employee Copy \_\_\_\_\_  
 File Copy \_\_\_\_\_