# **[STANDARD LANGUAGE FOR MULIT-YEAR POSTDOC APPOINTMENT]**

**[Date]**

**[Postdoc Name]**

**[Address]**

**[City, State, Zip]**

Dear Dr**. [Postdoc name]**,

I am pleased to offer you an appointment as a **Postdoctoral Scholar—[Employee, Fellow, or Pay Direct], Level [0-5] & Level [0-5] [Title code #]** in the Department of **[department name or division]**, College of Natural and Agricultural Sciences at the University of California, Riverside. Your multi-year appointment is scheduled to begin **[begin date]** and end **[end date]**; and you will report to **[name of PI]**.

This multi-year appointment is assigned at 100% time with an annual salary breakdown as listed below, and is subject to deductions as may be required by federal, state or University regulations:

**$[$ annual salary]** at **level [0-5]** from **[first year begin date]** to **[first year end date]**

Upon your anniversary date of **[insert anniversary date],** your salary will increase to:

**$[$ annual salary]** at **level [0-5]** from **[subsequent year begin date]** to **[subsequent year end date]**

Your **Postdoctoral Scholar—[Employee, Fellow, or Pay Direct]** will be supported primarily from Professor **[name of PI]**’s extramural fund sources **[insert FAU]**. During this period you will be working under the mentorship of **[name of PI]** who will also provide laboratory and office space as needed. This work will be on the Riverside campus **[if not on campus list location of worksite]**.

This appointment is limited to the dates specified and is contingent on the availability of funds. A postdoctoral scholar appointment is a temporary one and involves no presumption by the University or the individual of reappointment unless there is a definite written offer of reappointment. Thus your appointment is self-terminating on the ending date shown above; no further notice will be given to that effect. The total duration of an individual’s postdoctoral service may not exceed five years, including postdoctoral service at other institutions.

Postdoctoral Scholars are eligible to participate in the Postdoctoral Scholar Benefit Plans which include medical, dental, vision, life, AD&D, short term disability, and voluntary long term disability. To obtain detailed information regarding and to enroll in these plans, go to <https://ucpath.universityofcalifornia.edu/home>. If you have questions about the enrollment process, contact Garnett-Powers toll-free at 1-800-254-1758 or e-mail [psbp@garnett-powers.com](mailto:psbp@garnett-powers.com). If you were previously a UC employee or do not have a social security number go to [www.garnett-powers.com/postdoc/](http://www.garnett-powers.com/postdoc/) and complete the forms. Then forward them to Karen Smith, Graduate Division. You have 31 days from your first day of hire to complete the forms.

In accordance with Benefits Article 3B5 Postdoctoral Scholars are obligated to contribute to the monthly health benefit premium for both the HMO and PPO plans.  By accepting this employment offer you have an obligation to pay the postdoctoral scholar contribution as outlined in the collective bargaining agreement, unless you opt out of benefits. Postdoctoral scholars are obligated to contribute to the monthly health benefit premium for both the HMO and PPO plans.

In addition, Postdoctoral Scholar Employees are required to contribute to the University of California Defined Contribution Plan (DCP) as Safe Harbor participants, and may make voluntary contributions to any of the University of California Retirement Savings Program plans. Find details on your UCPath account at <https://ucpath.universityofcalifornia.edu/home>.

You are granted 24 days of paid personal time off and 12 days of paid sick leave upon your appointment begin date for duration of your appointment in accordance with the provisions in Articles 12-Personal Time off and 23-Sick Leave. Please note that the University may require the use of remaining personal time off prior to the end or your appointment.

**[A brief description of the anticipated research project(s) and certification or training requirements must be included here. Other details on the program, fellowship, research goals, training opportunities, seminars, and other program or research specific information may be included. For example: During your first few months in my laboratory, you will be working on \_\_\_\_\_\_\_\_\_\_\_\_ [insert a brief description on the science the postdoc will be working on]**

You will be required to attend a number of certification and training programs administered by Environmental Health and Safety. Information pertaining to these requirements can be found at <https://ehs.ucr.edu/training/index.html>.

In addition, depending on the requirements of your research program you may be asked to:

* Complete UCR Animal Use Training (http://vet.ucr.edu/Training.htm) and review your lab’s Animal Use Protocol (AUP).  If your project involves procedures not on your PI’s AUP, you may need to assist your PI in completing an AUP amendment.”
* Complete a protocol for the use of human subjects in research and secure approval for proposed research from the UCR Human Research Review Board. <http://research.ucr.edu/ori/committees/irb.aspx>
* Review the UCR Policy and Procedures for Responding To Allegations of Research Misconduct <https://research.ucr.edu/about/policies-ucr.aspx?k=31>
* Information about all these requirements may be found at the Office of Research Web site at <https://research.ucr.edu/>
* Responsible Conduct of Research Training (You are encouraged to read the information found at <http://research.ucr.edu/ori/rcr.aspx> and complete the Responsible Conduct of Research course during your first year.). Note that if your research is supported by the NIH you are REQUIRED to complete this training as described at the above web site.

**<<The following sentence is optional if the PI requests>> In addition to the seminars hosted by [list lab], you might be interested in some of the course offerings [include appropriate URL if you want your Postdocs to attend any specific courses].**

Postdoctoral Scholars in the University of California are exclusively represented by the United Auto Workers Union (UAW). The website address for the Union is <http://www.uaw.org/> and the Collective Bargaining Agreement containing the terms and conditions applicable to Postdoctoral Scholars can be found at: <http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html>. The MOU contains the terms and conditions of your appointment as a postdoctoral scholar on our campus and also describes your rights and obligations. Details concerning your benefits as a Postdoctoral Scholar are set forth in Article 3 “Benefits” of the Agreement (noted above.) Postdoctoral Scholars must have adequate health insurance coverage for the duration of the appointment. You are eligible to participate in the UC Postdoctoral Scholars Benefits Plan (PSBP), which includes health insurance, dental insurance, vision insurance, life insurance, disability insurance and workers’ compensation. Your family is also eligible to participate in the health, vision and dental plans, and the University covers the majority of health benefits costs for Postdoctoral Scholars and their dependents. The University’s health insurance satisfies U.S. visa requirements and begins on the first day of your appointment. If you want to obtain health insurance coverage through the University you should enroll within thirty-one calendar days from the first day of your appointment. Failure to timely enroll could result in a delay to your access to services. For more details you can go to: <http://www.garnett-powers.com/postdoc>. You can also obtain information from your union at: <http://www.uaw5810.org/know-your-rights/psbp/>. In accordance with local access rules and/or practices, upon appointment/reappointment you are entitled to have a meeting with your Union representative at your worksite to discuss your right to benefits and your benefit options under the collective bargaining agreement.

**<<For Postdoc Fellows (Title Code 3253) insert this statement:>>**

**As a condition of employment, you must provide written authorization for the University to deduct union dues or fair share service fees from your stipend. An authorization form will be provided to you during the new hire process after you arrive on campus.**

The University will maintain an individual personnel file for documents related to your postdoctoral scholar appointment. You may access your personnel file in accordance with the provisions of Article 19-Personnel Files in the aforementioned collective bargaining agreement. Contact the payroll personnel assistant, **[name of the payroll assistant** **([phone #])** in the department to make such a request.

At the time you begin this appointment please provide a copy of your transcripts or diploma showing awarding of the degree. If the final degree has not yet been conferred, please provide a statement of completion from your home institution (Registrar’s Office or Graduate Dean’s Office) indicating the date on which all requirements were completed and the expected date of degree conferral. If you graduated from a non-English speaking institution, please request that this document be sent with a certified English translation.

Your appointment is contingent upon your being able to provide, in accordance with Federal law, evidence of authorization to work in the United States.

In accordance with the Federal Law our Campus Security Report can be viewed online at <http://www.ucop.edu/news/clery/crimeprev.html>.

If accepted, please return a signed copy of the appointment letter and the completed Postdoctoral Scholar Appointment Form (enclosed) to **[insert dept. contact name]** by email at **[insert dept. contact email address]** within fourteen (14) days of receipt.

We look forward to having you as a colleague at Riverside.

Sincerely,

Dr. **[name of PI]**

Faculty/Principal Investigator

Please sign and date below to indicate you have read and understand the terms of your appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  |  |
|  | Dr. **[Name of Postdoc]** |  | Date |

CC: College Payroll Office

Graduate Division

Department FAO

Department Financial Analyst

Enclosures: Postdoctoral Scholar Appointment Form (Graduate Division)

Health and Welfare Postdoctoral Scholar Benefit Plan