# **[STANDARD LANGUAGE FOR ANNUAL POSTDOC REAPPOINTMENT]**

**[Date]**

**[Postdoc Name]**

**[Address]**

**[City, State, Zip]**

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

I am pleased to offer you re-appointment as a **Postdoctoral Scholar—[Employee, Fellow, or Pay Direct], 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 appointment is scheduled to begin **[begin date]** and end **[end date]**; and you will report to **[name of PI]**. This appointment is assigned at 100% time. The monthly salary for your appointment will be **$[$ monthly salary]** a month which is based on an annual full time salary of **$[$ annual salary]** and is subject to deductions as may be required by federal, state or University regulations. 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].**

**[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]**

Details concerning your benefits as a Postdoctoral Scholar are set forth in Article 3 “Benefits” of the UAW Labor Agreement (http://ucnet.universityofcalifornia.edu/labor/bargaining-units/ 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. If you have not enrolled and think you might be eligible contact your department. 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.

In accordance with Benefits Article 3B5 in your UAW Labor Agreement 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.

**<<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].**

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

If accepted, please return a signed copy of the reappointment letter to **[insert dept. contact name]** by email at **[insert dept. contact email address]** within fourteen (14) days of receipt.

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