

(PLEASE COPY, REVISE AND PRINT TO YOUR DEPARTMENT LETTERHEAD)

Model Letter of Offer and Notice of Appointment For Postdoctoral Fellows

Note to Departments and Principal Investigators: This letter of offer constitutes a notice of appointment for eligible postdoctoral fellows. Conditions for renewal of this appointment should not be stated in this letter of offer. All paragraphs listed below are required as noted. Please ensure that you clearly articulate the total stipend to be received and the schedule and method under which the stipend will be disbursed.

This letter must be signed by the dean, department head/chair or research center director. Commit no more than one fiscal year appointment in this letter of offer and notice of appointment.

Should you have questions, or need an exception to this model letter, contact the Associate Director of Employee and Labor Relations in the Office of Human Resources.

USE THIS MODEL LETTER FOR 2011-2012 APPOINTMENTS ONLY

[Date] [Inside Address]

Dear \_\_\_\_\_:

Congratulations on your selection as a 2011-12 [Name of Postdoctoral Fellowship] \_\_\_\_\_. This letter serves as your formal notice of appointment as a postdoctoral fellow at Oregon State University.

On behalf of [PI] in the Department of [Department Name] I am pleased to offer you a postdoctoral fellowship appointment beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

The fellowship provides a total stipend of \$\_\_\_\_\_ which will be disbursed in [number of payments] \_\_\_\_\_ monthly payments of \$\_\_\_\_\_ each on or before the first of the upcoming month during the fellowship award period. This appointment is contingent upon your continued sponsorship as a [Name of Postdoctoral Fellowship] \_\_\_\_\_ postdoctoral fellow.

Upon accepting this fellowship you must enroll on a self-pay basis in the health insurance plan at the following website: http://studenthealth.oregonstate.edu/insurance/. If you have other health insurance coverage deemed comparable to the University's plan, you may waive coverage under the University's plan. Information on waiving coverage is available at http://studenthealth.oregonstate.edu/insurance/.

If you elect coverage under the University provided health insurance plan, you will be required to authorize a monthly charge to your account for the balance of premium and administrative fee costs. To ensure that your appointment remains in good standing, you must complete the enrollment or waiver form prior to the start of your appointment. If your appointment is being renewed each academic term, you must re-enroll within 30 days of the beginning of each appointment. You may also elect to enroll family members or a domestic partner on a self-pay basis, with these additional premium costs being charged on a monthly basis to your account. Information regarding the health insurance plan may be found at http://studenthealth.oregonstate.edu/insurance/.

IMMEDIATE ACTION REQUIRED: Failure to act on your part may have an impact on your postdoctoral fellowship appointment. Print and complete the health insurance enrollment form or waiver and return it as soon as possible with this signed letter of offer. Please contact (541) 737-7568, if you have additional questions or email osustudent.insurance@oregonstate.edu.

