

(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 Office of Post Award Administration or the Office of Postdoctoral Programs in the Graduate School and copy your Business Center Human Resources representative.

Please forward a copy of (or link to) the Postdoc Handbook found at http://oregonstate.edu/dept/grad_school/docs/postdoc_survival_guide.pdf along with this appointment letter to the Fellow

USE THIS MODEL LETTER FOR 2015-2016 APPOINTMENTS ONLY

[Date]
[Inside Address]

Dear _____:

Congratulations on your selection as a 2015-16 [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.

Criminal History Check - Use when an appointment is contingent upon a satisfactory criminal history check (CHC):

This position is designated as a critical or security-sensitive; therefore, you must successfully complete a criminal history check and be determined to be position qualified as per OSU Standard 576-055-0000 et seq. Because you hold a critical or security-sensitive appointment, you are required to self-report convictions [and because you are assigned Youth Program duties, your criminal history will be checked every 2 years]. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

Valid Driver's License/ Satisfactory Driving History - Use when an appointment is contingent upon a valid driver's license/ satisfactory driving history:

This appointment requires driving a university vehicle or a personal vehicle on behalf of the university; therefore, the incumbent must successfully complete a motor vehicle history check, possess and maintain a current, valid driver's license in their state of residence, be determined to be position qualified and self-report convictions (as per Voluntary and Compulsory Driver Standards OSU Standard 125-155-0200) as per OSU Standard 576-056-0000 et seq. Offers of appointment is contingent upon meeting all minimum qualifications including the motor vehicle check requirement. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

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 (health, dental, and vision), you may waive coverage under the university's plan. Information on waiving coverage is available at <http://studenthealth.oregonstate.edu/insurance/>.

If you do not waive 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.

If this notice is understood and acceptable to you, please sign one copy of this memorandum and return it to me no later than _____ [insert appropriate department deadline]. This copy will be placed in your department file and a copy will be sent to the Business Center Human Resources Unit as an official record of your appointment. The original copy is for your own records.

Once again, [postdoc's name] _____, congratulations on your selection as a [name of postdoctoral fellowship] _____ postdoctoral fellow. Please do not hesitate to let us know how we can support you in your success.

Sincerely,

Dean, Director, or Department Head/Chair

cc: Business Center Human Resources Unit
Dean, Director, or Department Head/Chair

[Date]

[Postdoctoral Fellow's Name]

Letter of Offer and Notice of Appointment for 2015-16

[or appropriate term dates** if less than the fiscal year]

Acceptance and Consent (Please review details about these requirements prior to signing this letter)

I accept this offer of appointment to a postdoctoral fellowship position, and I further acknowledge:

1. Acknowledge that health insurance is mandatory for postdoctoral fellows;
2. Acknowledge that I may waive university-provided health insurance only if I have other health insurance coverage deemed comparable to the university's plan (health, dental, and vision);

- 3. Authorize the university to post a monthly charge to my account for the balance of the premium plus the administrative fee;
- 4. Acknowledge that the Oregon State Board of Higher Education (OSBHE) requires me, as a condition of my employment, to assign to OSBHE rights to any invention or improvement in technology, computer software, tangible research property, and trademarks (Intellectual Property) conceived, invented, or reduced to practice by me, either solely or jointly with others, developed using university facilities, personnel, information or other university resources; and by my signature below, I hereby assign such rights. I understand that additional information can be obtained through the Office of Commercialization and Corporate Development, 308 Kerr Administration Building, (541) 737-0674.

I accept the offer as outlined in this letter.

Postdoctoral Fellow's Signature

Date

University ID Number

cc: Business Center Human Resources Unit
Dean, Director, or Department Head/Chair

Model Letter