

## Sample Status 20 letter to be printed on Office of Postdoctoral Education letterhead

Today's date

Postdoc's name, degree

Street address

City, State, Zip

Re: Appointment as a **Postdoctoral Scholar Trainee (status code 20)**

Dear Dr. \_\_\_\_\_

Congratulations on your new postdoctoral appointment to a University of Alabama at Birmingham (UAB) training grant. Your appointment as a Postdoctoral Scholar Trainee (status code 20) in the School of \_\_\_\_\_, Department of \_\_\_\_\_, Division of \_\_\_\_\_, reporting to Dr. \_\_\_\_\_ is effective \_\_\_\_\_ - \_\_\_\_\_. Pending satisfactory progress, your appointment as a Postdoctoral Scholar may be renewable annually for up to an additional three years upon written agreement between you and Dr. \_\_\_\_\_. Your fellowship award amount will be \$\_\_\_\_\_. This award is intended to aid you in your advanced training and research pursuits as described in the letter of offer dated \_\_\_\_\_. No services to UAB are required as a condition to receiving this fellowship.

In accordance with regulations, federal, state, and local income taxes will not be withheld from your award amount **if you are a citizen of the United States**. The State of Alabama, Jefferson County, and the City of Birmingham currently excludes fellowships (in this case, training grant funds) from taxation in their entirety. You may have to file federal quarterly estimated income tax returns and pay quarterly taxes to comply with individual income tax regulations. Please consult an income tax professional or the IRS (1-800-829-1040) for advice on this matter. If you are not a citizen of the United States, the International Scholar and Student Services office will contact you regarding tax related information.

As a postdoctoral scholar, you are eligible for single or family health insurance coverage through VIVA Health with the full premiums paid by the University. However, the premium paid by UAB must be reported as additional taxable fellowship dollars on your federal tax return. If you wish, you have the option to purchase single or family dental coverage. You have the opportunity to complete application forms for health and dental insurance during the Human Resource Management orientation or by scheduling an appointment with the Benefits Office (934-3458). A representative of your department is responsible for scheduling a date for your orientation. Please note that you have 31 days from your starting date to enroll in coverage or you will not have another opportunity for enrollment until "Open Enrollment" period which is usually in October with coverage to begin in January.

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Today's date

Complete a Postdoctoral Scholar Personal Data Form **after you arrive at UAB**. This form is enclosed and may also be found on the postdoctoral Web page at [www.postdocs.uab.edu](http://www.postdocs.uab.edu). The Postdoctoral Scholar Personal Data Form requests information needed for UAB and governmental record-keeping. We especially need your **UAB campus e-mail address** to enable the OPE to contact you regarding opportunities available to enhance your training while at UAB. Our intent is to help you make your postdoctoral experience as productive and rewarding as it can be.

Please indicate your acknowledgement and acceptance of these conditions by signing the attached form and returning to your department.

Sincerely,

\_\_\_\_\_  
Lisa M. Schwiebert, Ph.D.  
Associate Dean  
Office of Postdoctoral Education

\_\_\_\_\_  
Mentor, degree  
University job title  
Department of \_\_\_\_\_

Cc: Department Chairman/Division Director, degree  
University job title  
Department of \_\_\_\_\_

I accept this offer as a Postdoctoral Scholar Trainee (status code 20) in the School of \_\_\_\_\_,  
Department of \_\_\_\_\_, Division of \_\_\_\_\_, reporting to Dr. \_\_\_\_\_.

\_\_\_\_\_  
Postdocs's name, degree

\_\_\_\_\_  
(Date)