[Date]

Dear Dr. [Full Postdoc Name]:

I am pleased to offer you re-appointment as a Postdoctoral Scholar**-[Employee, Fellow, or Pay Direct] (Title code #)** in the Department of [**department name or division**] 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 with an annual **[stipend or salary]** of **[amount]** less any deductions required by federal, state or University regulations. You will be supported by funds primarily from **[indicate source]**. 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 conducted 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 and are eligible to participate in the UC Postdoctoral Scholar Benefit Plans (PSBP) which includes medical insurance, dental insurance, vision insurance, life insurance, AD&D, short term disability, and voluntary long term disability insurance and workers’ compensation. (See Appendix A for benefit plan rates.) 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. To obtain detailed information regarding and to enroll in these plans, go to [www.garnett-powers.com/postdoc/](http://www.garnett-powers.com/postdoc/). 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 did not enroll during the 31-day initial period of enrollment, you can enroll in benefits each year during the open enrollment period. 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 contributions unless you opt out of benefits. (Postdoctoral Scholars – Fellow (TC 3253) and Postdoctoral Scholars – Paid Direct (TC 3254) See Appendix B.) 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.

<<For Postdoc Fellows add this statement>>

As a condition of your appointment, you must authorize the University in writing to provide you the service of deducting fair share fees or, at your election, union dues from your stipend. An authorization form is attached. Please return it to DIVISIONAL CONTACT. If you have elected the deduction of union dues from your stipend, deductions will continue to be taken from your stipend.

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 you being able to provide, in accordance with Federal law, evidence of authorization to work in the United States.

Please indicate by your signature below that you accept the terms of this appointment.

Sincerely,

Dr. xxxxxxxxxxxxx

Faculty/Principal Investigator

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

CC: College Office

Graduate Division

APPENDIX A

The 2018 Benefits information for all Postdoctoral Scholars is outlined below. Please review the rates and options available which include postdocs and their dependents. Postdoctoral Scholar Employees (title code 3252) will pay the rates as noted; **Postdoctoral Fellows (title code 3253) may have some or all of the institutional allowance used to pay the UC’s share and Postdoctoral Paid Directs (title code 3254) may be billed for UC’s share if the funding agency has provided funding for health care and other additional benefits (as noted below) directly to the postdoc.**

**Contributions**

The 2018 monthly contribution levels for the HMO Plan will remain the same percentages (2% for postdoc only and postdoc plus child(ren); 3% for postdoc plus spouse or family coverage) and the monthly contribution levels for the PPO Plan will be $20 for postdoc only, $40 for postdoc plus spouse or child(ren), and $60 for family. Please refer to the chart below for more details.

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| --- | --- | --- | --- | --- |
| University of California Postdoctoral Scholar Benefit Plan “PBSP” 2018  Monthly Premium Rates Effective 01-01-2018 through 12-31/2018 | | | | |
|  | HMO | | PPO | |
| Coverage  Level | UC | Postdoctoral Scholar | UC | Postdoctoral  Scholar |
| Postdoctoral Scholar | $528.16 | $10.78 | $479.36 | $20 |
| Postdoctoral Scholar + Partner | $1,254.76 | $38.81 | $1,158.44 | $40 |
| Postdoctoral Scholar + Child(ren) | $924.37 | $18.86 | $833.89 | $40 |
| Postdoctoral Scholar Family | $1,594.57 | $49.32 | $1,463.05 | $60 |

Additional benefits include: Dental HMO and POS; Vision PPO; Life and Accidental Death & Dismemberment (AD&D) Insurance (Basic); Short Term Disability; Long Term Disability (Voluntary). Postdoctoral Scholar contributions are not required for Dental, Vision, Life/AD&D or Short Term Disability. Voluntary Long Term Disability is paid for by the Postdoctoral Scholar and costs $8.55 per month.

All Postdoctoral Scholar monthly contributions are due on the first of the month. If you are paid through payroll system your contribution will continue to be deducted from your paycheck. If you do not receive pay through the campus payroll system, you will be billed from Garnett-Powers & Associates.

**For more information, visit:** https://clients.garnett-powers.com/pd/uc/or contact your campus Postdoctoral Scholar benefits office, Garnett-Powers or the Union for Postdoctoral Scholars, UAW Local 5810 (uaw5810@uaw5810.org), if you have questions.

APPENDIX B

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| --- |
| **Postdoctoral Scholar Fellow (title code 3253)**  **Postdoctoral Scholar Paid Direct (title code 3254)** |
| If your fellowship award or external funding source provides an institutional allowance, research allowance or funding for the cost of health benefits, the University may deduct (if the allowance is administered by the university) or bill you (if the award is given directly to you) for the cost of the university portion of the benefits premiums. Notice of such deduction or billing will be provided to you no later than 30 days prior to the deduction or billing. If the allowance is managed by the university, you have the right to request and receive a copy of your budget from your mentor or department financial administrator. There may be imputed income/tax implications for insurance premiums paid on your behalf. |