Date

Postdoc, PhD Address

Dear Dr. [Last Name]:

Congratulations! I am pleased to invite you to accept a (re)appointment as a full time (100%)

Postdoctoral Scholar - [Employee, Fellow or Pay Direct], Level [0-5] [title code number]in the Department of [department name or division] at the University of California, [campus] effective [date] through [date] at an annual rate of $[total salary]. You will be funded from [FAU or project name].

This reappointment is assigned at 100% time with an annual salary $[annual salary] [(above experience level)] at Level [0-5] from [renewal start date] to [renewal end date], and is subject to deductions as may be required by federal, state or University regulations:

Your work location will be [site] under the supervision of Professor [name of PI] and your research activities will involve [short description of project].

Postdoctoral Scholars at the University of California are exclusively represented by the United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW). The union’s (UAW Local 5810) website is [http://uaw5810.org/.](http://uaw5810.org/)

A copy of the collective bargaining agreement between the University of California and the UAW is available at [http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html.](http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html)

***If applicable, please complete the Membership Election Form available at https://uaw5810.org/about-your-union/become-a-member/***

Details concerning your benefits as a Postdoctoral Scholar are set forth in Article 3 “Benefits” of the UC-UAW Local 5810 Collective Bargaining Agreement (“CBA”)

(<http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/index.html>) 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 medical, dental, vision, life, accidental death and dismemberment, disability insurance, and workers’ compensation, and which satisfies U.S. visa requirements.

Your family is also eligible to participate in the medical, vision and dental plans. Postdoctoral Scholars are obligated to contribute to the monthly subscriber portion of the medical insurance premium (Appendix A), unless they opt out. For detailed information, please contact ***Gallagher Benefits Services***.

If you decide to enroll in PSBP you must enroll within thirty-one calendar days from the first day of your official appointment. The insurance begins the first day of your appointment. Failure to timely enroll will

result in a delay and limited access to services. Complete information is available at: [http://www.garnett-powers.com/postdoc.](http://www.garnett-powers.com/postdoc)

You can also obtain information from your union at:[http://www.uaw5810.org/know-your-rights/psbp/.](http://www.uaw5810.org/know-your-rights/psbp/)In accordance with ***the collective bargaining agreement, attendance at the new Postdoctoral Scholar Orientation is mandatory and shall be attended on paid time. Information regarding the Orientation shall be sent to you via electronic mail***.

Also, be advised that the University maintains individual personnel files for all employees and you have the right to access your personnel file in accordance with Article 18, Personnel Files.

**Postdoctoral Scholars who need reasonable accommodations should notify their departments in advance of their start date, or any time during your employment, in order to begin the interactive process in accordance with Article 22 – Reasonable Accommodation https://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html.**

This Postdoctoral Scholar reappointment offer is contingent upon documentation of employment eligibility in compliance with the Immigration Reform and Control Act of 1986. Evidence of a doctoral degree is required at the time of acceptance of a Postdoctoral position. Please indicate your acceptance by signing a copy of this official appointment letter and returning it to your department administrator at the following address […]. Upon receipt of your formal acceptance, if any additional forms (e.g. visa application) are required to be completed by you, [Department AP Name] will contact you. If you have any questions regarding this appointment, please contact them at [Phone] or [Email].

We would appreciate receiving your response within fourteen (14) days of this offer. Again, congratulations, and we look forward to hearing from you soon.

**UC COVID-19 VACCINATION PROGRAM**

As a condition of employment, you will be required to comply with the University of California [SARS-CoV-2 (COVID-19) Vaccination Program Policy](https://policy.ucop.edu/doc/5000695/SARS-CoV-2_Covid-19). All Covered Individuals under the policy must provide proof of Full Vaccination or, if applicable, submit a request for Exception (based on Medical Exemption, Disability, and/or Religious Objection) or Deferral (based on pregnancy) no later than the applicable deadline. New University of California employees should refer to Appendix F, Section II.C. of the policy for applicable deadlines. (Capitalized terms in this paragraph are defined in the policy.)  Federal, state, or local public health directives may impose additional requirements.

Sincerely,

Dr. [Name of PI]

Faculty/Principal Investigator

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  |  |
|  | Dr. [First and Last Name] |  | Date |

CC: College Payroll Office

Graduate Division

Department FAO

Department Financial Analyst

Enclosures:

Job Description

Letter of Expectations