

## APPOINTMENT TEMPLATE – POSTDOCTORAL SCHOLAR

Date

Name  
Address

Dear \*\*\*\*:

I am pleased to offer you the position of Postdoctoral Scholar -XXX in DEPARTMENT/ACADEMIC RESEARCH UNIT. This offer is contingent upon you completing a screening process described below under “Disclosure of Prior Misconduct Required.” Your full-time (100%) appointment will begin on DATE and will continue through DATE. Please note that you must confirm your acceptance in writing and complete any required employment forms **before performing any work**.

**DISCLOSURE OF PRIOR MISCONDUCT REQUIRED:** This offer is contingent upon you clearing an Employment Misconduct Disclosure review where you will be required to disclose any final administrative or judicial decisions within the last seven years determining that you committed any misconduct and provide information related to investigations and appeals. **TO COMPLETE YOUR DISCLOSURE FILL IN AND SUBMIT THE REQUIRED [DISCLOSURE FORM](#)**. You must not begin work until you submit this information and are cleared for onboarding.

**[MODIFY AS NECESSARY FOR PAID DIRECTS]** You will receive an annual STIPEND/SALARY of [*insert the salary – must be the minimum, or above, for the appropriate Experience Level*] payable in monthly installments of MONTHLY SALARY, less required deductions, from [*insert fund source information*].

**[If a supplement is being added to the salary/stipend]** As additional supplementary compensation to your STIPEND/SALARY, you will receive a monthly supplement funded from [*funding source – usually either a faculty member’s name or departmental funds - specific grant or account fund names are not necessary*] at the annual rate of ANNUAL RATE. Continuance of this supplement is at the sole discretion of the University. **[Omit previous sentence if the supplement is being provided to meet the salary/stipend requirements]**

**[OMIT IF PAID DIRECT]** Your first paycheck is scheduled to be released on DATE, assuming timely completion and processing of all required employment forms.

### **Responsibilities**

You will report to [SUPERVISOR] of the [DEPARTMENT/ACADEMIC RESEARCH UNIT] and your duties will be to conduct postdoctoral research [*brief description of research project(s)*] under [*his/her*] supervision and mentorship. It is anticipated that you will be working at/in WORK SITE.

### **Terms of Employment**

This Postdoctoral Scholar appointment offer is contingent upon evidence of a doctoral degree and documentation of employment eligibility in compliance with the Immigration Reform and Control Act of 1986.

As a University employee, you will be required to comply with all applicable University policies and/or collective bargaining agreements, as may be amended from time to time. Federal, state, or local government directives may impose additional requirements.

This is a term appointment with a specified end date. Reappointment is contingent upon satisfactory work performance, available funding, and the availability of or need for research.

### **Collective Bargaining Agreement and Union Membership**

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 4811) website is <https://www.uaw4811.org/>. A copy of the collective bargaining agreement between the University of California and the UAW is available at <https://ucnet.universityofcalifornia.edu/resources/employment-policies-contracts/bargaining-units/postdoctoral-scholars/contract/>.

A UAW membership election form may be found at <https://uc-uaw.jotform.com/240847286491062>.

### **New Employee Orientation**

In accordance with the collective bargaining agreement, attendance at the new Postdoctoral Scholar Orientation is mandatory and shall be attended on paid time. Orientations are held once a month, and the time and location of the Postdoctoral Scholars New Employee Orientation may be found at <https://shr.ucsc.edu/elr/postdoctoral-scholars-px-new-employee-orientation.html>.

Besides this notice, information regarding the Orientation shall be sent to you via electronic mail.

### **Benefits**

Details concerning your benefits as a Postdoctoral Scholar are set forth in [Article 3 - Benefits](#) of the UC-UAW Local 5810 Collective Bargaining Agreement. 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 (see attachment), 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 <https://c2mb.ajg.com/uc/home/>. Please refer to the attached Postdoctoral Scholar Benefit Plans monthly rate sheet for the specific costs of the various benefit plans.

You can also obtain information from your union.

**[For Postdoc Fellows (3253) and Paid Directs (3254) insert this statement]** For individuals appointed as Postdoctoral Scholar-Fellow and Postdoctoral Scholar-Paid Direct, there may be imputed income/tax implications for insurance premiums paid on your behalf by the University. For information, please contact the campus Payroll Office at [payhelp@ucsc.edu](mailto:payhelp@ucsc.edu).

**[For Postdoc Fellows (3253) insert this statement. *This is the default statement and should be used "as is" if no specific information is known. In this case, you will need to coordinate a separate communication that provides the required 30 day notice that deductions will be taken and the amount of those deductions as accurately as can be known. Otherwise, modify the language as applicable to***

*provide as much detail as known regarding these terms and the amount that will be charged for health benefits, including dental and vision premiums. E.g., “The University is permitted to charge the cost of health benefits from funding provided to the University in the fellowship. You are being provided 30 days advance notice that \$X amount will be charged, which exhausts the funding provided in your fellowship for miscellaneous expenses.” The final sentence in this paragraph should always be included but can be modified to inform the postdoc who the contact is.]* The University may deduct the cost of health benefits from funding provided to the University in the grant. Notice of such deduction will be provided no later than 30 days prior to the deduction. You have the right to request and receive a copy of your budget from your Principal Investigator or Research Administrator.

**[For Postdoc Paid Directs (3254) insert this statement. The additional italicized comments in the paragraph above also apply here.]** The University may deduct the cost of health benefits from funding provided to the University directly from the funding agency or shall bill the postdoc directly, if allowed by the funding agency. Notice of such deduction or billing will be provided no later than 30 days prior to the deduction or billing. You will have the right to request and receive a copy of your budget from your Principal Investigator or Research Administrator.

### **Employment File**

The [DIVISION] will maintain a personnel file for you. 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](#).

### **Accommodations**

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](#).

**To accept this offer, please provide your signature below and return the signed copy as a PDF to [x@ucsc.edu ], [DIVISIONAL CONTACT] or by mail to \_\_\_\_\_.**

For this appointment to officially begin, you must contact [DIVISIONAL CONTACT] as soon as possible to complete the necessary employment forms. If you do not provide the required documentation prior to the appointment begin date listed above this offer of employment may be rescinded.

Sincerely,

Dean

Attachment: [YEAR] Health and Welfare Postdoctoral Scholar Benefit Plan

cc: Supervisor c/o [department/academic research unit]  
Personnel/Payroll (w/attachment)  
Benefits Office  
Personnel File

I accept the Postdoctoral Scholar appointment as stated in this offer and notice of appointment letter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date