# REAPPOINTMENT TEMPLATE – POSTDOCTORAL SCHOLAR

Date

Name

Address

Dear \*\*\*\*:

I am pleased to approve your reappointment as a Postdoctoral Scholar -XXXin DEPARTMENT/ACADEMIC RESEARCH UNIT at 100% time effective DATE through DATE.

[**MODIFY AS NECESSARY FOR PAID DIRECTS]** You will receive an annual STIPEND/SALARY of [*insert the NIH/NRSA minimum, or above, for the appropriate Experience Level upon reappointment*] 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**]

**Responsibilities**

You will continue to 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 reappointment is contingent upon evidence of employment eligibility in compliance with the Immigration Reform and Control Act of 1986. If you do not provide the required documentation prior to the begin date listed above this reappointment may be rescinded.

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 5810) website is <https://uaw5810.org/>. A copy of the collective bargaining agreement between the University of California and the UAW is available at <https://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html>.

A UAW membership election form may be found at <https://uaw5810.org/about-your-union/become-a-member/>.

**Benefits**

Details concerning your benefits as a Postdoctoral Scholar are set forth in [Article 3 - Benefits](https://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html) 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. You may make changes to your current PSBP selections during Open Enrollment, which occurs in the Fall.

For detailed information, please contact Gallagher Benefits Services (<http://www.garnett-powers.com/postdoc>). You can also obtain information from your union at: <http://uaw5810.org/know-your-rights/psbp/>.

**[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] maintains 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](https://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html).

**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](https://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html).

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

Sincerely,

Dean

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

cc: Supervisor c/o [*department/academic research unit*]

Personnel/Payroll (w/attachment)

Personnel File

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

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Signature Date