Month Day, Year

[Name of Research Associate Candidate]

[Address]

[Address]

Dear Dr. [Name of Research Associate Candidate],

I am pleased to offer you an appointment as a Postdoctoral Research Associate in my research group in the School/Department of \_\_\_\_\_\_\_\_\_ in the College of Engineering at the University of Washington for a 12-month service period of Month Day, Year to Month Day, Year, for a full-time (100% FTE) rate of $\_\_\_\_\_ per month.

The Research Associate appointment is potentially renewable in one-year increments contingent upon satisfactory performance and the availability of funds. In addition, this appointment is available for no more than 6 years after receipt of your terminal degree. If the appointment will not be renewed, no less than six months’ notice will be provided of our intention not to renew.

**RESPONSIBILITIES/DUTIES**

You will report directly to Professor Faculty Name in Building/Room at the University of Washington’s main campus (Work location Address). It is expected that you will contribute to the production of novel research results, write and publish these results in peer reviewed journals, attend peer-reviewed conferences to present your work, mentor younger trainees, assemble, prepare and co-author grant applications, actively participate in weekly lab meetings, and contribute to the creation of a collegial and positive laboratory environment in the Faculty Name lab.

**PROFESSIONAL DEVELOPMENT**

Soon after you arrive, Professor Faculty Name will discuss specific research goals with you. In addition, you are expected to develop an individual development plan (IDP) which will outline your own plan for professional growth. You are encouraged to make use of UW programs and those from partner institutions in Seattle that support your professional development. The Graduate School Office of Postdoctoral Affairs (http://www.grad.uw.edu/for-students-and-post-docs/post-doctoral-affairs/) and the UW Postdoctoral Association (http://depts.washington.edu/uwpa/) are resources you may find useful.

Faculty Name will discuss your IDP with you in order to achieve a mutual understanding of your personal professional goals such that we can work together to help you achieve them.

In addition to regular meetings with Faculty Name to discuss your research data, please plan to meet formally with him/her at 3 months, 7 months, and 10 months after your arrival to evaluate your research progress and to assess how your progress aligns with your IDP. Thereafter, a formal meeting with Faculty Name at least twice annually to discuss progress and performance is recommended. We encourage you to make use of other faculty as mentors as well. If, at any time, you wish to discuss your performance or other concerns, please do not hesitate to let your PI/supervisor or chair know. Your work is expected to assist in retention of current lab funding, as well as to assist in obtaining additional funding. You are also encouraged to pursue individual research funding during your appointment, and \_\_\_\_\_\_\_\_\_\_ will assist you in this regard.

**COMPENSATION AND LEAVE**

Your salary will be paid by the University and you may be eligible for future salary increases, depending on merit and as allowed by the University of Washington and the Washington State Legislature.

Your appointment is a twelve-month appointment and does not follow the schedule or work breaks associated with the nine-month academic calendar. A total of one month is available for paid time off, over a 12-month period. Time off consistent with your appointment must be approved in advance by your PI/Supervisor, even for individual days off. Please request well in advance for any time off of a week or more.

* <http://ap.washington.edu/ahr/policies/leaves/vacation/>
* <http://ap.washington.edu/ahr/resources/leaves/sick-leave/>

**BENEFITS**

As a full-time University of Washington employee, you will be eligible for University benefits including a medical and dental plan, term life insurance coverage, long-term disability insurance, a retirement plan and various optional employee-paid benefits. A comprehensive description of UW faculty and academic staff benefits is available at

<http://hr.uw.edu/benefits/wp-content/uploads/sites/3/2016/07/faculty.pdf>.

If your appointment effective date is other than the first business or calendar day of the month, medical coverage will be effective the first day of the following month.

**TRAINING REQUIREMENTS**

You will be responsible for completing training required for your lab, specific project and work responsibilities (e.g., biological safety, radiation safety, chemical safety).Please contact \_\_\_\_\_\_\_\_\_\_ to determine the courses you are required to complete, enrollment information, and any deadlines associated with your training requirements. You are responsible for making arrangements, completing the required trainings in a timely manner, and providing documentation of successful completion to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**POLICIES AND RESOURCES**

UW Department of \_\_\_\_\_\_\_\_\_\_\_ values professionalism in innovating knowledge and solutions for a changing world. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all your work interactions and responsibilities. You are expected to conduct yourself in a professional manner in all of your interactions consistent with the following UW policies:

**The UW Policy Directory:**

<http://www.washington.edu/admin/rules/policies/index.shtml>

**UWs non-discrimination policy:**

<http://www.washington.edu/admin/rules/policies/PO/EO31.html>

**University policies regarding appropriate use of institutional resources including:**

**Personal Use of University Facilities, Computers, and Equipment by University Employees:**

<http://www.washington.edu/admin/rules/policies/APS/47.02.html>

**Employee Responsibilities and Employee Conflict of Interest (Note: senior fellows with H-1B visas may not engage in outside work):**

<http://www.washington.edu/admin/rules/policies/PO/EO32.html>

Please feel free to contact me if you have any questions. We look forward to working with you.

Sincerely,

Professor [Full Name]

[Full Title]

Cc: [Name], Assistant to the Chair

 [Name], Administrator

Please sign below to indicate you have reviewed and accept the above described terms of this appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointee Name Appointee Signature Date