All content below represents core information that must be included in all new hire offer letters for Postdoctoral Scholar New Hires. While schools/colleges/campuses may provide additional information in each applicable section (as long as it does not conflict with the template or the UW-UAW local 4121 contract), the provided template language and structure should not be altered. Letters with modified language or changes to the letter structure risk being sent back to the unit for revisions that may result in delays. Please check with your dean’s/chancellor’s office about any local requirements.

June 9, 2021

Name, Title

Address

Address

Address

Dear [NAME],

We are pleased to offer you an appointment as a full‐time **[postdoctoral scholar/postdoctoral scholar- fellow/interim postdoctoral scholar/interim postdoctoral scholar-fellow]** the **[name of department/school]** in the College of Engineering at the University of Washington. The following is a summary of the terms and conditions that will apply to your position:

Title:      **[postdoctoral scholar/postdoctoral scholar fellow/interim postdoctoral scholar]**

Effective Dates:                              [**START DATE]** through **[END DATE]**

Immediate Supervisor(s):               **[SUPERVISOR NAME]**,**[SUPERVISOR TITLE]**

Academic Appointing Unit:         **[ACADEMIC UNIT]**

Hiring Unit, if different from Appointing Unit:**[HIRING UNIT]**

Anticipated Worksite Location:                      **[CAMPUS/BUILDING/ROOM]**

This offer is contingent upon acceptable outcomes regarding criminal background (if applicable) and sexual misconduct. State law requires that the University of Washington obtain the Disclosure of Sexual Misconduct declaration signed by the candidate. The declaration will require you to disclose any substantiated findings of sexual misconduct, to authorize current and past employers to disclose to the UW any sexual misconduct currently being investigated and/or committed by you, and to release current and past employers from any liability. If the results of the disclosure are unacceptable, you will not be offered a position at the UW.

‐‐‐‐‐‐‐‐‐‐‐

**[IF APPLICABLE, INSERT THE FOLLOWING]**

If your doctoral degree was completed within the last year, you are required to provide evidence of receiving the degree. Acceptable evidence includes a copy of the degree certificate or a formal statement from the university’s registrar or graduate school with an official seal or notary stamp. If you have not already done so, please send this information to **[add the applicable details about to whom to send this required documentation]**.

‐‐‐‐‐‐‐‐‐‐‐‐‐

**[ONLY INSERT THE FOLLOWING IF POSTDOCTORAL SCHOLAR HAS COMPLETED ALL DEGREE REQUIREMENTS AND IS AWAITING TERMINAL DEGREE CONFERRAL]**

Your appointment as a **[postdoctoral scholar/postdoctoral scholar-fellow]** is conditional because your doctoral degree has not been conferred. Your appointment is contingent upon providing the UW with documentation confirming the completion of your degree requirements and the date your degree will be conferred. Confirming documentation must consist of an official signed letter sent directly from the registrar’s office, graduate college or other appropriate administrative unit from the institution where your degree will be conferred. A letter from a faculty advisor or counselor is not acceptable. If you have not already done so, please send this information to **[add the applicable details about to whom to send this required documentation]**.

Upon conferral, you must provide the University with evidence of your degree. Acceptable evidence includes a copy of the degree certificate; an official transcript bearing the official seal of the institution; or a formal statement from the university’s registrar or graduate school with an official seal or notary stamp. This documentation must also be sent to **[add the applicable details about to whom to send this required documentation]**. If your degree is not conferred or if you do not provide evidence of degree conferral on or after **[insert date no less than one year from the appointment start date]**, your conditional appointment may be terminated. Time spent in your postdoctoral scholar title on this conditional basis is counted towards your five years of postdoctoral scholar eligibility.

‐‐‐‐‐‐‐‐‐‐‐‐‐

**Responsibilities/Duties**

**[INSERT BRIEF DESCRIPTION OF THE ANTICIPATED RESEARCH PROJECT(S). ADD ANY ADDITIONAL JOB SPECIFIC INFORMATION NOT COVERED IN OTHER AREAS.]**

**[INSERT ANY TRAINING REQUIREMENTS, IF APPLICABLE]**

**Compensation**

Your position is considered full‐time and you will receive full‐time annual pay of $**[$$$$$.$$]** year, which represents placement at**[appropriate WAGE experience level]**reflecting**[number]**months of experience as a postdoctoral scholar.

**[ENTER ANY APPLICABLE FUNDING INFORMATION, INCLUDING SOURCE AND AMOUNT. ALSO INSERT ANY APPLICABLE INFORMATION/REGULATIONS RELATED TO POSTDOCTORAL SCHOLAR FELLOWS, INCLUDING STIPENDS, IF FUNDED ON A TRAINING GRANT]**

**[ENTER ANY INFORMATION REGARDING SUPPORT FOR TRAVEL, IF APPLICABLE]**

**Applicable Benefits**

As a **[postdoctoral scholar/postdoctoral scholar fellow]**, you will be eligible for certain University benefits. A comprehensive description of UW academic personnel benefits is available at <http://hr.uw.edu/benefits/>.

‐‐‐‐‐‐‐‐‐‐‐‐‐‐

**[Insert this section, if applicable, where time off and leave for the appointee is controlled by the funding source]:**

**Time Off and Leave**

Your time off and sick leave will be administered following the guidelines of the funding agency grant. **[Insert appropriate link to funding agency grant leave information, if available].**

‐‐‐‐‐‐‐‐‐‐‐‐‐‐‐

**Union Information**

The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW), AFL-CIO Local 4121 represents the postdoctoral scholars at the University of Washington for purposes of wages, hours, and working conditions. Any and all agreements between UW and UAW may result in adjustments effective during your appointment including, among other things, a change in the title of your appointment. The University maintains individual personnel files, and you may access yours in accordance with the provisions in the personnel files article of the collective bargaining agreement.

**Reappointment Information**

‐‐‐‐‐‐‐‐‐‐‐‐‐

**[ONLY INSERT THE FOLLOWING IF APPOINTMENT IS NOT INTERIM]**

Renewal/reappointment will be considered based on the terms in this letter and at the PI’s or appointing unit’s discretion. You will be notified in writing whether or not you will be reappointed a minimum of 30 days before the end of your appointment. In addition, your appointment may be ended before the expected end date for reasons outlined in the collective bargaining agreement.

As a reminder, an appointment is for a temporary and defined period not to exceed five years/60 months, including postdoctoral experiences other institutions. Based on the information you have provided in your CV/Resume, your experience is as follows:

Prior Postdoctoral Scholar Experience: **[YEARS OF EXPERIENCE]** years or **[MONTHS]** months

Eligible Postdoctoral Scholar Time Remaining: **[YEARS REMAINING]** years or **[MONTHS]** months

‐‐‐‐‐‐‐‐‐‐‐‐‐

**[ONLY INSERT THE FOLLOWING IF APPOINTMENT IS INTERIM]**

Your appointment as an **[interim postdoctoral scholar/interim postdoctoral scholar-fellow]**may be renewed, however you cannot hold the interim title for more than a total of six months.

Based on the information you have provided in your CV/resume, your experience is as follows:

Prior Interim Postdoctoral Scholar Experience: **[YEARS OF EXPERIENCE]** years or **[MONTHS]**months

Eligible Interim Postdoctoral Scholar Time Remaining: **[YEARS REMAINING]** years or **[MONTHS]**months

**[ONLY INSERT IF INTERIM APPOINTMENT WILL BE A TOTAL OF SIX MONTHS]**

Based on the information above, the total time spent as an **[interim postdoctoral scholar/interim postdoctoral scholar-fellow]** will be six months and your appointment will not be renewed beyond **[APPOINTMENT END DATE]**. This serves as a notice of non-renewal per appointments and reappointments article of the collective bargaining agreement.

‐‐‐‐‐‐‐‐‐‐‐‐‐

**Professional Development**

You are encouraged to take advantage of UW programs and those from partner institutions in Seattle that support your professional development. The University provides access to professional development and/or career counseling to postdoctoral scholars through the UW Graduate School.

Soon after you arrive, Dr. **[SUPERVISOR NAME]**will discuss specific research and career progress expectations with you.  As part of your professional development, you may elect to develop an Individual Development Plan (IDP) to identify your own research goals, professional development objectives, and career objectives or your PI or funding agency may require an IDP. For more information about IDPs, see individual development plans and progress assessments article of the collective bargaining agreement.

**Additional Resources**

The University offers various resources to assist you during your appointment:

* UW Policy Directory: http://www.washington.edu/admin/rules/policies/index.shtml
* UAW Local 4121: http://www.uaw4121.org
* UW Labor Relations/Collective Bargaining Agreement: <https://hr.uw.edu/labor/unions/uaw/uaw-postdoc-contract>.
* International Scholars Operations: [//ahr/visas/](https://ap.washington.edu/ahr/visas/)
* UW Graduate School Office: <https://grad.uw.edu/>

**[ADD ANY ADDITIONAL DEPARTMENTAL SPECIFIC RESOURCES OR POLICIES HERE]**

If you have questions or would like additional information regarding this appointment, please contact **[NAME OF DEPARTMENTAL CONTACT]**at**[CONTACT INFO]**.

We look forward to your continued success and thank you for your commitment to the University of Washington.

Sincerely,

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

Chair Signature                                 Date                            PI Signature                                  Date

Department/School Department/School

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

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

Appointee Signature                        Date

Cc: <PI>  
<Director/Administrator>  
<Director/Administrator’s designee, if applicable>  
<Academic Appointments and Compensation>