

APPENDIX G

Sample Appointment Letter

The information below represents core information that must be included in appointment/reappointment letters. However, campuses may customize and provide additional information related to Postdoctoral Scholar appointments, in a manner that does not conflict with this template or the UC-UAW Contract.

Date

Postdoc, PhD
Address

Dear Dr. [last name]:

Congratulations! I am pleased to invite you to accept an appointment as a full time (100%) Postdoctoral Scholar_ in the Department of _____ [or Academic Research Unit] at the University of California, [campus] effective [date] through [date] at an annual rate of \$ _____. You will be funded from _____.

Your work location will be _____ under the supervision of Professor _____ and your research activities will involve _____.

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 <http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html>.

Please complete the Membership Election Form available at <https://www.uaw4811.org/join>.

Details concerning your benefits as a Postdoctoral Scholar are set forth in Article 3 "Benefits" of the UC-UAW Local 4811 Collective Bargaining Agreement ("CBA") (<http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.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 at <https://healthnet.com/psbp>.

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://healthnet.com/psbp>.

You can also obtain benefits information from your union at <https://www.uaw4811.org/postdoc-health-benefits>.

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/wp-content/uploads/2024/07/22-REASONABLE-ACCOMMODATION .pdf](https://ucnet.universityofcalifornia.edu/wp-content/uploads/2024/07/22-REASONABLE-ACCOMMODATION.pdf)).

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. 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 Contact] 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 __ days of this offer. Again, congratulations, and we look forward to hearing from you soon.

Appointing Authority Signature

Enclosure

cc: Chair
Professor

I accept this appointment: _____ Date: _____