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| **COPY, REVISE, AND ADD TO DEPARTMENT LETTERHEAD****Template Letter of Offer and Notice of Initial Appointment | Clinical Fellow** **NOTES TO DEPARTMENT**This letter of offer constitutes an initial notice of appointment for a Clinical Fellow. Conditions for reappointment should not be stated in this letter of offer.All paragraphs listed below are required, as noted. All Clinical Fellow appointments should be considered full-time commitments, with a full-time annual stipend. This appointment must be for a 12-month period of time (i.e. end date should be one year from the start date, irrespective of the fiscal year). Please ensure that you clearly articulate the stipend on a monthly basis.Commit no more than one 12-month appointment period in this letter of offer and notice of appointment.For renewal of appointment in subsequent years or terms, complete a notice of reappointment available at this [link](https://hr.oregonstate.edu/employees/administrators-supervisors/appointment-renewal-and-non-renewal-model-letters).Should you have questions, or need an exception to this model letter, contact the Employee and Labor Relations team at employee.relations@oregonstate.edu and copy the HR Support Services inbox.*Revised: June 2023, University Human Resources, ELR* |

Date

[Name]

[Address]

Dear \_\_\_\_\_\_\_\_\_:

I am pleased to offer you an appointment as Clinical Fellow in the [UNIT NAME]. This letter, when accepted below, serves as a notice of appointment for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ with a stipend of $\_\_\_\_\_ per month. Reappointments are at the discretion of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ALTERNATIVE Paragraph - If the clinical fellow will be paid from a gift, grants, or contract funding source(s), use the following paragraph in place of the previous paragraph**

I am pleased to offer you an appointment as Clinical Fellow in the [UNIT NAME]. This letter, when accepted below, serves as a notice of appointment for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_, contingent on receipt and continuation of gift, grant, or contract funds sufficient to cover your stipend and healthcare insurance premiums for this period. Your stipend will be $\_\_\_\_\_ per month. Reappointments are at the discretion of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Offer Prior to Degree Completion - (Do not use this paragraph for CAPS clinical fellows.) – If the department would like to make an offer prior to a candidate’s completion of their required degree(s), the following paragraph must be included. The candidate must complete their academic program and be granted the required degree(s) no later than the start date of the appointment.**

This offer is contingent upon completion of your \_\_\_\_\_ degree by \_\_\_\_\_, the start date of your appointment. Please provide proof of completion of your degree to your [faculty mentor other appropriate department/college administrator] before your start date in order to demonstrate that the contingency has been met.

**Use the following paragraphs in EACH letter**

This appointment is subject to all OSU policies and standards, which are incorporated by this reference.

This appointment is contingent on your demonstration of your authorization to serve as an intern in the United States for OSU. Continuation of the appointment will require your continuing ability to demonstrate that you remain authorized to receive a stipend as Clinical Fellow in the United States at OSU.

Continuation of your appointment is contingent upon your completion of all Critical Trainings assigned to you no later than 60 days after your appointment begins and with future recertification requirements. Visit <https://hr.oregonstate.edu/osu-critical-training-program> for additional information about OSU’s Critical Training Program. Non-compliance with this requirement will result in discipline, up to and including dismissal with prior notice.

Health Insurance is mandatory. You will be automatically enrolled in the University’s health plan for “employee-only” coverage. You may enroll qualified dependents to my plan by submitting the necessary paperwork within 30 days of your appointment start date. You may apply to waive University-provided health insurance only if you have employer group coverage that is deemed equivalent or superior to the university plan (medical, vision, and dental). Your acceptance of this job, and the conditions it carries, authorizes the University to make a pre-tax deduction for the health premium from your monthly stipend or salary unless you have been approved to waive coverage under the University’s plan. You can review additional information at <https://hr.oregonstate.edu/graduate-student-insurance-plans> or send an email to gradhealth@oregonstate.edu.

**Program Expectations - Use in EACH letter**

Your program expectations are available from your [faculty mentor / the department/college].

**Criminal History Check - Use when an appointment is contingent upon a satisfactory criminal history check (CHC)**

This appointment is designated as a critical or security-sensitive position; therefore, you must successfully complete a criminal history check and be determined to be position qualified as per OSU Standard 576-055-0000 et seq. Because you hold a critical or security-sensitive position, you are required to self-report convictions [and because you are assigned youth program duties, your criminal history will be checked every 2 years]. Offers of appointment are contingent upon meeting all minimum qualifications including the criminal history check requirement. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

**Valid Driver’s License/ Satisfactory Driving History - Use when an appointment is contingent upon a valid driver’s license/satisfactory driving history**

This appointment requires driving a university vehicle or a personal vehicle on behalf of the university; therefore, the incumbent must successfully complete a motor vehicle history check, possess and maintain a current, valid driver's license in their state of residence, be determined to be position qualified and self-report convictions as per University Policy 05-030 et seq. Offers of appointment are contingent upon meeting all minimum qualifications including the motor vehicle check requirement. If this requirement is not met at the time of appointment, your start date will be adjusted to a date after the requirement is met.

**Personal Demographic Paragraph – Use if appointee has had no prior appointment with OSU. A new form MAY be required. Contact your Life Cycle team to determine if a new form is required when rehiring or reappointing a former employee. The paragraph can be excluded if a form is not required.**

Please complete the enclosed personal demographic form and return it to \_\_\_\_\_\_\_\_\_\_. This will speed up your access to campus services.

**Technology Transfer Statement – Use one of the following paragraphs, as appropriate**

**Use if a Personal Demographic form is required**

Oregon State University has a technology transfer program. You are required to sign an agreement concerning the rights to technology developed during their appointment at OSU. If you would like additional information, including rights to a royalty share, contact the Office of Commercialization and Corporate Development, Kerr Administration Building A312, (541) 737-3888.

**Use if a Personal Demographic form is NOT required**

The Technology Transfer Agreement signed at the time of your original appointment with OSU will remain in effect.

**Acceptance Statements – Use in EACH letter**

If you find this offer to be acceptable, please sign the letter and return it to me. Please retain a copy of the final document for your records.

I look forward to your acceptance of this offer.

Sincerely,

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

[Dean, Director, or Department Head/Chair] Date

I accept this offer, as outlined in this letter.

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

[Clinical Fellow Name] Date

cc: HR Support Services (following Clinical Fellow signature)

 [Dean, Director, Department Head/Chair]