



(PLEASE COPY, REVISE AND PRINT TO YOUR DEPARTMENT LETTERHEAD)

**Model Letter of Offer and Notice of Award
For Postdoctoral Fellows**

Note to Departments and Principal Investigators: This letter of offer constitutes a notice of award for eligible postdoctoral fellows. Conditions for renewal of this award should not be stated in this letter of offer. All paragraphs listed below are required as noted. Please ensure that you clearly articulate the total stipend to be received and the schedule and method under which the stipend will be disbursed.

*This letter must be signed by the dean, department head/chair or research center director.
Commit no more than one fiscal year award in this letter of offer and notice of award.*

Should you have questions, or need an exception to this model letter, contact the Office of Post Award Administration or the Office of Postdoctoral Programs in the Graduate School and copy your Human Resources representative.

Please forward a copy of (or link to) the Postdoc Handbook found at http://oregonstate.edu/dept/grad_school/docs/postdoc_survival_guide.pdf along with this award letter to the Fellow

**USE THIS MODEL LETTER FOR
2017-2018 AWARDS ONLY**

[Date]

[Inside Address]

Dear _____:

Congratulations on your selection as a 2017-2018 [Name of Postdoctoral Fellowship] _____.
This letter serves as your formal notice of award as a postdoctoral fellow at Oregon State University.

On behalf of [PI] in the Department of [Department Name] I am pleased to offer you a postdoctoral fellowship award beginning on _____ and ending on _____.

The fellowship provides a total stipend of \$_____ which will be disbursed in [number of payments] _____ monthly payments of \$_____ each on or before the first of the upcoming month during the fellowship award period. This award is contingent upon your continued sponsorship as a [Name of Postdoctoral Fellowship] _____ postdoctoral fellow.

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

This position is designated as security-sensitive; therefore, your offer and start date are contingent on your successful completion of a criminal history check where you are determined to be position qualified as per OSU Standard 576-055-0000 et seq. Incumbents are required to self-report relevant convictions.

Valid Driver's License/ Satisfactory Driving History - Use when an award is contingent upon a valid driver's license/satisfactory driving history:

This position requires driving a university vehicle or a personal vehicle on behalf of the university; therefore, your offer and start date are contingent on your successful completion of a motor vehicle history check where you are determined to be in a position qualified as per OSU Standard 576-056-0000 et seq. Incumbents must maintain a valid driver's license and self-report relevant convictions.

If this notice is understood and acceptable to you, please sign one copy of this memorandum and return it to me no later than _____ [insert appropriate department deadline]. This copy will be placed in your department file and a copy will be sent to the Business Center Human Resources Unit as an official record of your award. The original copy is for your own records.

Once again, [postdoc's name] _____, congratulations on your selection as a [name of postdoctoral fellowship] _____ postdoctoral fellow. Please do not hesitate to let us know how we can support you in your success.

Sincerely,

Dean, Director, or Department Head/Chair

cc: Business Center Human Resources Unit
Dean, Director, or Department Head/Chair

[Date]

[Postdoctoral Fellow's Name]

Letter of Offer and Notice of Award for 2016-17

[or appropriate term dates** if less than the fiscal year]

Acceptance and Consent (Please review details about these requirements prior to signing this letter)

I accept this award for a postdoctoral fellowship, and I further acknowledge:

1. Health insurance is mandatory for postdoctoral fellows and failure to enroll or officially opt out of the mandatory health insurance plan will result in the removal of the fellowship. I may waive University-provided health insurance only if I have group coverage that is deemed comparable under the university plan (health, vision, and dental). I authorize the University to make a pre-tax deduction for the postdoctoral fellowship only premium from my monthly stipend or salary unless I have waived coverage under the University's plan. For additional information visit <http://studenthealth.oregonstate.edu/insurance/> or send an email to osustudent.insurance@oregonstate.edu and;
2. The Oregon State Board of Higher Education (OSBHE) requires me, to assign to OSBHE rights to any invention or improvement in technology, computer software, tangible research property, and trademarks (Intellectual Property) conceived, invented, or reduced to practice by me, either solely or jointly with others, developed using university facilities, personnel, information or other university resources; and by my signature below, I hereby assign such rights. I understand that additional information can be obtained through the Office of Commercialization and Corporate Development, Kerr Administration Building A312, (541) 737-3888.

I accept the offer as outlined in this letter.

Postdoctoral Fellow's Signature

Date

University ID Number

cc: Human Resources Unit
Dean, Director, or Department Head/Chair

