NOTES TO DEPARTMENT
This letter constitutes a renewal of appointment for a Postdoctoral Scholar. Conditions for a subsequent renewal of appointment should not be stated in this letter.

The renewal should not be processed until an annual review for the previous year has been submitted to and approved by the Office of Postdoctoral Programs in the Graduate School.

All paragraphs listed below are required, as noted.

Renewals or reappointments can be made for appointment periods of one year (12 months) or less, and at an FTE of 1.00 or less.

The Postdoctoral Scholar must be given a minimum of one month advance notification in writing (email or letter) confirming the appointment end date.

At the time of renewal/reappointment, a stipend increase is required per the NIH NRSA guidelines.

Should you have questions, or need an exception to this template letter, contact the Employee and Labor Relations team at employee.relations@oregonstate.edu and copy your Life Cycle Team’s shared inbox.

Note to Faculty Mentor: If at any time during the appointment you are considering early termination of the appointment (prior to the end date stated in the appointment letter), contact Employee and Labor Relations at employee.relations@oregonstate.edu to discuss the process.

Revised: September 13, 2022, University Human Resources, ELR
Use the following paragraphs in EACH letter

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

Your assignment is defined in the Individual Development Plan which you and your mentor co-created and submitted to the Office of Postdoctoral Programs within three months of the start date of your appointment. For more information about the Postdoctoral Scholar appointment at OSU, see http://gradschool.oregonstate.edu/postdocs/individual-development-plan.

If this notice is understood and acceptable to you and so that there is an official record regarding your appointment, please sign this memorandum and return it to me for your program file in the department/college. Please retain a copy of the final document for your records.

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

I accept the appointment as described above:

[Postdoctoral Scholar Name]  Date

cc:  HR Support Services (following Clinical Fellow signature)  
[Dean, Director, Department Head/Chair]