Model Letter of Initial Offer and Notice of Appointment
Graduate Assistant – Non-Represented and Represented

Note to Departments: This letter of offer constitutes an initial notice of appointment for a graduate teaching/research assistant. Conditions for renewal of this appointment should not be stated in this letter of offer. All paragraphs listed below are required as noted. Please ensure that you clearly articulate the salary on a monthly basis, prorated for the appropriate FTE.

If you are appointing an international student, please refer them to the office of International Student Advising and Services (ISAS). International students are limited to 20 hours per week of on-campus employment while school is in session and will need assistance from ISAS prior to applying for a social security card.

This letter must be signed by the dean, graduate program director, or department head/chair. As specified in the OSU Tuition Remission Policy, https://gradschool.oregonstate.edu/finance/graduate-assistantships/tuition-remission-policy, only academic units may award tuition remissions. Administrative units may award tuition remissions indirectly by supplying associated salary dollars to an academic unit to be used to recruit an eligible graduate student.

Commit no more than one academic year appointment in this letter of offer and notice of appointment. For renewal of appointment in subsequent years or terms, complete a model notice of reappointment available at http://hr.oregonstate.edu/

Note: **9-Month Appointments:** the academic year beginning and ending dates are September 16 – June 15. 9-month appointments generally start and end on an academic year basis. If an appointment duration is shorter than the academic year, the reason must be noted on the appointment letter. Term beginning and ending dates are as follows:

- September 16 – December 15
- December 16 – March 15
- March 16 – June 15
- June 16 – September 15*

* If you are hiring a 9-month graduate assistant for summer session, the appointment dates must be between June 16th and September 15th. Hire dates outside of this timeframe will negatively affect the health insurance options made available to the graduate assistant.

*If the appointment is for fiscal year, please use the following dates September 16th – September 15th

**All appointment letters must be provided at least 20 days before the start of the appointment. Do not deviate from these dates in the letter.
USE THIS MODEL LETTER FOR
2021-2022 ACADEMIC YEAR INITIAL APPOINTMENTS ONLY

[Date]

TO: [Student’s Name]
[Student’s ID Number]

FROM: [Dean, Director, or Department Head/Chair]

SUBJECT: Graduate Assistant Appointment and
Notice of Appointment for Academic Year 2021-2022 [or appropriate term dates** if less than an academic year**]

Dear _____:

On behalf of the [Graduate Committee or other decision-
maker] of the __________________ graduate program I am
pleased to offer you a [0.35-0.49 FTE] graduate assistantship beginning on ** and ending on ** with a salary of $_____ per month. You will receive a tuition waiver(s) in each term during which your graduate assistant appointment is at 0.35 FTE or greater. This appointment is contingent upon your formal acceptance as a graduate degree-seeking student by the University’s Graduate School, and your continued status as a graduate degree-seeking student at OSU.

**Indicate whether the employee is a GRA or GTA by term

<table>
<thead>
<tr>
<th>Term</th>
<th>Dates</th>
<th>GRA</th>
<th>GTA</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Term</td>
<td>Sept. 16 – Dec. 15</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Winter Term</td>
<td>Dec. 16 – March 15</td>
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<tr>
<td>Spring Term</td>
<td>March 16 – June 15</td>
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<tr>
<td>Summer Term</td>
<td>June 16 – Sept. 15</td>
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</tbody>
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If the assistantship is less than an academic year, note the reason here: ____________________________________________

Please be aware that acceptance of another offer of support may invalidate or reduce this offer.

This letter, when accepted below, serves as notice of appointment. This appointment is subject to all applicable OSU policies and standards and the Collective Bargaining Agreement between the Coalition of Graduate Employees and Oregon State University, which are incorporated herein by this reference.

Work Authorization Requirement – [Use in EACH letter]:

This offer is contingent on your demonstration of your authorization to work in the United States for OSU. Ongoing employment will require your continuing ability to demonstrate that you remain authorized to work in the United States for OSU.

Criminal History Check – [Use when an offer of employment 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 offer of employment 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 position qualified as per OSU Standard 576-056-0000 et seq. Incumbents must maintain a valid driver’s license and self-report relevant convictions.

Upon arriving on campus, please report at your earliest convenience to the Human Resources unit of [enter the appropriate HR Service Center/Unit and address] to conclude all necessary steps in the hiring process; delay in completing your hiring process may delay payment of wages to you.

Please make arrangements to meet with your supervisor on campus no later than [appropriate date], so that you may begin work on [appropriate date].

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 Human Resources Service Center as an official record of your appointment. The original copy is for your own records.

Congratulations, [student’s name]. We look forward to having you join our academic community. Please do not hesitate to let us know how we can support you in your success.

Sincerely,

[Dean, Director, or Department Head/Chair]

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

[Date]
[Graduate Assistant’s Name]
Letter of Offer and Notice of Appointment for Academic Year 2021-2022
[or appropriate term dates** if less than an academic year]

Acceptance and Consent (Please review details about these requirements prior to signing this letter)
I accept this offer of appointment to a graduate assistant position, and I further acknowledge:
1. I must maintain a minimum of twelve (12) graduate credit hours towards my degree program throughout my appointment period during the academic year, as well as make timely and satisfactory progress toward my degree. If I have a summer appointment, I must maintain a minimum of three (3) graduate credit hours towards my degree program during the summer term. However, if I wish to retain FICA Student Exemption I must enroll for a minimum of five (5) credit hours during summer term. I understand that audit registrations, course withdrawals, and enrollment in INTO OSU coursework may not be used to satisfy this 12-credit enrollment requirement;
2. Tuition charges associated with INTO OSU may not be paid by the graduate assistant tuition waiver;
3. E-campus courses may be used to satisfy the 12-credit enrollment requirement, and E-campus tuition is covered by the tuition remission;
4. Failure to make timely and satisfactory progress toward my degree will result in the removal of this assistantship;
5. I may not work more than 255 working hours per term, which is a maximum of .49 FTE, in all jobs or appointments I may have at the University;
6. The University agrees to remit associated student fees in the amount of 90% for each academic year term that I am on a graduate appointment. I can review additional information at http://oregonstate.edu/fa/businessaffairs/student/tuition-and-fees;
7. If this is my first term, the one-time matriculation fee will be remitted. If I am required to participate in the International Student Orientation, the fee amount will also be remitted;
8. If I paid a SEVIS and/or visa fee, I may receive reimbursement up to a maximum of $500 (totaled over the duration of enrollment at OSU);
9. If I paid fees associated with DACA, I may receive reimbursement up to a maximum of $495 (totaled over the duration of enrollment at OSU).
10. Failure to complete specific, relevant University and/or department-specific compliance trainings within timelines set forth by my department may invalidate my assistantship.
11. Health insurance is mandatory for graduate assistants. All graduate assistants will be enrolled in the University’s health plan for “employee only” coverage. I must submit the necessary paperwork within 30 days of my appointment start date to enroll additional dependents in health coverage. I may waive University-provided health insurance only if I have group coverage that is deemed equivalent or better under the university plan (health, vision, and dental). I authorize the University to make a pre-tax deduction for the graduate assistant only premium from my monthly stipend or salary unless I have waived coverage under the University’s plan. I authorize the University to make an after-tax deduction of 1/9 of the cost of summer health insurance for graduate assistant only premium for each month during the academic year that I have a graduate assistantship in order to pre-pay summer health insurance. I can review additional information at https://hr.oregonstate.edu/graduate-student-insurance-plans/graduate-assistant-insurance-plan or send an email to gradhealth@oregonstate.edu;
12. I understand that I will accrue and can use paid sick leave in accordance with the collective bargaining agreement, and;
13. I am in a position determined to be in the Coalition of Graduate Employees (CGE) bargaining unit, and as such I consent to the University releasing employment and contact information to the union. I understand that I may restrict such access to my information by submitting a Confidentiality Request to the University Registrar’s Office.

Timing of your Offer Acceptance
Oregon State University is a participant in the Council of Graduate Schools (CGS) Resolution for Graduate Scholars, Fellows, Trainees and Assistants (also known as the April 15th Resolution), located here: http://cgsnet.org/ckfinder/userfiles/files/CGSResolution_Jan2017.pdf. We seek your assistance in complying with its terms. Please read the Resolution carefully while considering your offer of appointment. Your acceptance of this offer is not valid or effective until April 15 of the year in which your appointment will begin.

I accept the offer as outlined in this letter.

____________________________________     _________
Graduate Assistant’s Signature         Date

University ID Number

Consent to Release Salary Information
I further acknowledge that I am a member of the CGE bargaining unit, and I have the right to elect whether or not to release my salary rate to the union. I understand that this election shall remain in effect until I revoke my consent in writing and the written revocation is delivered to Oregon State University, University Human Resources. I acknowledge that should I revoke my consent to release this information, such revocation shall not affect disclosures made by Oregon State University prior to the receipt of any such written revocation.

I have indicated my election below. (check one)

________ No, the University is not permitted to release my salary rate to the union.
_______ Yes, the University is permitted to release my salary rate to the union.

Graduate Assistant’s Signature ________________________ Date ________________________

University ID Number

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