[DATE COMPOSED] [DATE HAND DEVLIVERD]

Department Line 1

Department Line 2

tel 503 555-1234

fax 503 555-1234

yourname@ohsu.edu

www.ohsu.edu

Mail code: 1234

3181 SW Sam Jackson Park Rd.

Portland, OR 97239

[POSTDOC NAME]

[POSTDOC ADDRESS]

Notice of Contract Non-renewal

Dear [POSTDOC NAME],

This letter is notification to you that your present employment assignment as [Postdoctoral Researcher or Postdoctoral Trainee] with OHSU will conclude at the end of the business day on [DATE] due to the reduction/discontinuance of the grant that funds your position.

In addition, materials will be sent to your home by Benefit HelpSolutions regarding eligibility to continue healthcare insurance coverage under the provisions of COBRA. Information is also available on their website: <http://www.benefithelpsolutions.com>.

If you have questions about your benefits, please contact the OHSU Benefits Department at (503) 494-7617.

If you have other questions or need additional information, you are welcome to contact [NAME OF HR BUSINESS PARTNER] at [PHONE NUMBER].

We wish you well in future endeavors.

Sincerely,

[DEPARTMENT ADMINISTRATOR OR SUPERVISOR NAME]

[TITLE]

[DEPARTMENT/CENTER/INSTITUTE]

Oregon Health & Science University

cc: Human Resources

Office of Postdoctoral Affairs