[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]

Dear [POSTDOC NAME],

This letter is to confirm our discussion regarding the termination of your Postdoctoral [RESEARCHER/TRAINEE] postiton with the [DEPARTMENT/INSTITUTE/CENTER] at OHSU. Unfortunately, you have been unable to meet the department performance expectations. Your position will conclude at the end of the business day on [DATE].

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