[Date]

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

[Supervisor/PI Name]

[Supervisor/PI Title]

[Address]

[City, State, Zip Code]

Dear [Mr./Ms./Dr. Applicant First & Last Name],

I am pleased to offer you appointment with Oregon Health & Science University for the position of Postdoctoral Scholar with an annual stipend of $XX,XXX (a bi-weekly stipend of $X,XXX). Confirming our recent discussion, this appointment is a stipend-paid, full-time, fixed term position with a start date of [month] [date], [year] extending through [month] [date], [year]. The position may be renewed by OHSU upon its expiration for an additional period of time. Please note that individuals paid by stipend are not OHSU employees. The duration of this appointment and indicated stipend may be changed or eliminated if a grant, gift, or contract fund supporting this appointment becomes unavailable.

This offer is contingent upon acceptable results of a background check, satisfactory reference checks, eligibility to work in the United States, and if applicable, issuance of an appropriate temporary employment or exchange visitor visa.

Additionally, OHSU requires all employees to be fully vaccinated against COVID-19, effective Oct. 18, 2021, as a condition of employment. This offer of employment is contingent upon you being fully vaccinated prior to starting work or by Oct. 18, whichever is later, or obtaining an approved medical or religious exception. You will need to provide proof of vaccination (or approved exception) within 10 business days following the date you begin work. Fully vaccinated means you have received both doses of a two-dose, or one dose of a single-dose, FDA- or WHO-authorized COVID-19 vaccine and at least 14 days have passed since your final dose of COVID-19 vaccine.

If you plan to accept this offer, but are not vaccinated and would like to request an exception, complete the [medical exception request form](https://www.ohsu.edu/sites/default/files/2021-09/new-employee-medical-exception-request-form_0.docx) or the [religious exception request form](https://www.ohsu.edu/sites/default/files/2021-09/new-employee-religious-exception-request-form_0.docx) **as soon as possible** and email to the OHSU Vaccine Exception Review Committee at VERC@ohsu.edu. The committee will do its best to expedite their review prior to your anticipated start date, but please be aware this process may delay your ability to begin work. If your request is approved, you will need to watch an educational video within 10 business days after starting work to complete your exception approval.

You will be eligible to participate in OHSU’s medical, dental, vision, and life insurance benefits on the first of the month following your enrollment if you enroll within 31 days of your hire date. Eligible family members, including same-sex and opposite-sex spouses, may be enrolled in the plans as well. You will receive a monthly contribution from OHSU to purchase your benefits. Dependent upon your choices, you may have additional out of pocket expenses. OHSU’s benefits plans are cafeteria-style - if you are covered under another program and choose not to enroll in ours, you may opt-out to receive cash back for benefits dollars not used. Below, I briefly outline several OHSU benefits, which will be reviewed more fully with you during OHSU’s New Employee and New Postdoctoral Scholar Orientations:

1. *Medical, Dental, and Vision Insurance*: Several health plan options are available, including an OHSU PPO plan. Prescription plans are included with the medical plans. Three choices are available for dental plans; whereas two choices are available for vision plans. Postdoctoral Scholars also have access to the [JBT Health and Wellness Center](http://acmail.ohsu.edu/lt.php?c=8573&m=11264&nl=1682&s=d1470f11633214e6b609de7254a841ca&lid=122485&l=-http--www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/services/index.cfm) for primary and behavioral health care. No referrals, no co-pays, no deductible, and same day/next day appointments are available.
2. *Other Insurance*: Term Life Insurance (including dependent life), Short and Long Term Disability, Accidental Death and Dismemberment, and Long Term Care Insurance are available.
3. *Retirement*: You are eligible to participate in the OHSU 457(b) Postdoctoral Scholar Retirement Plan. The plan includes an annual program-sponsored contribution, equivalent to 3% of your earned salary.
4. *Time-Off*: From the appointment start date, Postdoctoral Scholars receive sick and vacation time according to the policy outlined by their funding agency. If no such policy exists, Postdoctoral Scholars receive 80 hours of vacation, accrued annually thereafter. Also, full-time Postdoctoral Scholars will receive 96 hours of sick leave per year, accrued at 3.7 hours per bi-weekly pay period, and nine paid holidays per year. The department tracks all time-off accruals.
5. *Parking*: Availability and pricing varies by location.
6. *Public Transportation*: The Aerial Tram and Portland Streetcar are free to individuals who display an active OHSU-issued identification badge. In addition, annual Tri-Met passes are available to Postdoctoral Scholars at a significant discount over retail passes.
7. *Office of Postdoctoral Affairs*: The central hub for all postdocs at OHSU, the [Office of Postdoctoral Affairs](http://www.ohsu.edu/postdocs) offers individual career advising, and conducts career training and professional development activities to prepare postdocs for any professional endeavor they wish to pursue.

XX, the XX team and I are excited that you have decided to join us, and we look forward to the contributions you will make. I know you will find the work we are doing in XX at OHSU to be rewarding and stimulating.

Please sign a copy of this letter and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within two weeks. If a signed copy of this letter is not returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within two weeks, this offer will be considered rescinded. If you have any questions, please contact me at (503) XXX-XXXX.

Sincerely,

[Signature Block of PI, Department Admin, and/or Dept. Chair]

CC: Office of Postdoctoral Affairs

Human Resources

Top of Form

I, [Applicant Name], hereby:

* Accept the position as a Postdoctoral Scholar.
* Decline the position as a Postdoctoral Scholar.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_