**DATE**

**NAME AND ADDRESS
OF POSTDOCTORAL FELLOW**

Dear Dr**. X**,

I am pleased to offer you a position in my laboratory at the University of Connecticut Health Center as a University Postdoctoral Fellow. This appointment will commence on **[INSERT DATE]** at the full-time annual equivalent salary of $ **XXXXX [ NOTE: THE CURRENT MINIMUM SALARY IS $61,008 EFFECTIVE 7/1/2024 -BUT YOU ARE FREE TO SET THE SALARY ABOVE THIS AMOUNT**], contingent on possessing/obtaining terminal degree and valid immigration status, if necessary. This appointment is for a period of one year, to **[INSERT DATE]**. Please contact me immediately if we need to adjust the starting date. Continuation of this appointment is contingent on successful performance, achievement of objectives, compliance with applicable regulations and policies, organizational need, retaining valid immigration status if necessary, and availability of funds.

University Postdoctoral Fellows employed more than 20% are members of the University Health Professionals (UHP) bargaining unit. In accordance with the UHP collective bargaining agreement, all employees shall serve a six (6) month probationary period. The initial probationary period may be extended by the Health Center, but shall not exceed a total of one year. Postdoctoral fellows are reappointed annually. The training period for postdoctoral fellows cannot ordinarily exceed 5 years duration at the University of Connecticut Health Center. As a result of negotiated labor agreements you are required to contribute 3% of your compensation pretax to the Retiree Health Fund until you complete 15 years of service or otherwise qualify for retiree health coverage.

In this position you will report directly to [**INSERT NAME OF PI OR OTHER SUPERVISOR**] and will be responsible for the following project and accountabilities, including but not limited to: [**DESCRIBE SPECIFIC DUTIES AND RESPONSIBILITIES OF THE POSTDOCTORAL FELLOW].** In order to perform these tasks, you will be provided training in **[YOU MUST INCLUDE A DESCRIPTION OF THE TRAINING TO BE PROVIDED TO THEM, INCLUDING ANY TECHNICAL TRAINING NECESSARY**].

You will receive a packet of benefit information, new employee sign-up forms, and instructions prior to your start date. The signed forms must be returned to Human Resources in order to complete your employment processing. In accordance with the University of Connecticut Health Center policy and procedures, all appointments are subject to clearance through criminal background checks, federal sanctions checks, Occupational Medicine, and continuation contingent upon successful completion of a probationary period, satisfactory employment performance, and adherence to all applicable University of Connecticut Health Center policies and compliance regulations. This appointment is also governed by the applicable provisions of the appropriate collective bargaining agreement. Please contact Occupational Medicine at 860-679-2893 to schedule an appointment and obtain the necessary forms for your pre-employment clearance that must be completed prior to your start date.

Your full-time equivalent annual salary is $**[XXXXX]** based on your 100% job assignment. This salary will be paid to you bi-weekly. In addition, you will be eligible for health insurance. Your coverage will begin approximately 1-31 days after you are employed. There are many health plan options available. To see a list, visit http://www.osc.ct.gov/benefits/medical.htm. You will also be eligible for other benefits available to University Postdoctoral Fellows as described in the UHP contract and addendum. You will be provided with this information upon employment.

You may find the following of interest as well:

* Compact between Postdoctoral Appointees and their Mentors: https://www.aamc.org/initiatives/research/postdoccompact/
* Policy on data ownership and intellectual property: https://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy\_2003\_42.pdf
* UConn Health Policies: <https://health.uconn.edu/policies/>
* University Bylaws: https://policy.uconn.edu/by-laws/

Please acknowledge your agreement with this appointment by your signature below. Return to me no later than **[INSERT DATE].**

Sincerely yours,

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**PI Name
(Title)
(Department)**

**XXX
Department Head**

Dr. Christopher D. Heinen

Director of Postdoctoral Affairs

Accepted:

New Employee Signature and Date

c: William Garrity, UHP
Elizabeth Fay, Human Resources
Kaitlin Dornenburg, Human Resources

Ryan Scerra, Human Resources

Jodi Corbin, DL-Payroll