

*Postdoctoral Appointment Offer Letter Template*

*Domestic Postdoctoral Scholar*

[Use letter head]

[Sponsoring Professor name]  
[Sponsoring Professor Title]  
[Sponsoring Professor address]  
[Sponsoring Professor phone number]  
[Sponsoring Professor email]

Dear Dr. [postdoc candidate name],

We are pleased to offer you an appointment as a full-time Postdoctoral Scholar in the [Insert Department Name] Department at the University of Kentucky. The following is a summary of terms and conditions that will apply to your appointment:

Title: Postdoctoral Scholar  
Effective Dates: [Insert Start Date] through [Insert End Date]  
Sponsoring Professor: [Insert Sponsoring Professor name]  
College [Insert College]  
Department [Insert Department]  
Lab/Unit [Insert lab name and or unit name]

This appointment is contingent on possessing a doctoral degree. If you received or will receive your doctoral degree within one year of your appointment start date, please note that the University of Kentucky Office of Postdoctoral Affairs must receive official confirmation that you have completed all requirements for your doctoral degree prior to your appointment start date. Acceptable evidence includes a copy of the diploma, a copy of the transcript, or a statement from the university's registrar or graduate school attesting to the completion of degree requirements.

This offer of employment is contingent upon your successful completion of all pre-employment requirements. This includes a national background check and a COVID-19 vaccination OR a religious/medical exemption.

Responsibilities & duties

[Insert a brief description of the research project(s)]

[Insert expectations and any additional duties]

[Insert any training requirements]

[Insert how postdoc candidate will be evaluated]

Compensation

This appointment is a full-time appointment with an annual rate of [Insert annual salary – salary minimum is \$47,476 but you are free to set the salary above this amount] to be supported by [Insert funding source(s)].

### Benefits

This appointment is eligible for a variety of benefits listed in section VII. *Benefits* in the University of Kentucky Administrative Regulations 5:1 (<https://www.uky.edu/regs/ar5-1>) and include University of Kentucky Employee Health Plans, Life Insurance, Dental and Vision Insurance, 15 days of vacation leave per fiscal year (July 1<sup>st</sup> to June 30<sup>th</sup>) prorated based on start date, 1 day of sick leave per month, Holiday leave, and other optional benefits. Please note that you must enroll in benefits within thirty days of the start date of your appointment.

### Appointment length

There is a possibility of an appointment extension based on available funding and performance. Remember, per Administrative Regulation 5:1, Postdoctoral Scholar appointments are limited to 5 years, including any past postdoctoral experience in the United States. Based on the information you have provided in your CV, your experience is as follows:

Past postdoctoral experience in the U.S.: [Insert years and months of experience]

Eligible postdoctoral time remaining: [Insert years and months remaining]

### Research and Intellectual Property

This appointment is subject to all applicable University of Kentucky policies, including the policies and procedures governing Research and Intellectual Property. Please refer to University of Kentucky Administrative Regulation chapter 7 (<https://www.uky.edu/regs/administrative-regulations-ar>).

### Professional Development

You are encouraged to take advantage of the University of Kentucky programs that support your professional development such as those provided by The Office of Postdoctoral Affairs in the Graduate School (<https://www.uky.edu/postdoc/>).

We are extremely excited to have you join our [Insert Department name] as a Postdoctoral Scholar and look forward to working with you. If you have any questions or would like additional information regarding this appointment, please contact [Insert departmental contact name] at [contact information].

[Insert salutation]

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

[Insert Sponsoring Professor name & title]

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

[Insert Department Chair name]

[Insert Department Chair title]

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

[Insert College Dean name]

[Insert College Dean title]

Please sign below to indicate you have reviewed and accept the above described terms of this appointment.

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

[Insert candidate name]