(Insert Date)

(Name)

(Address)

(City, State & Zip)

Dear (Insert Name):

On behalf of North Carolina State University and [name of Department / Center / Institute] I am pleased to offer you an appointment as a Postdoctoral Research Scholar, effective (Insert Date).

Your postdoctoral experience will be mentored by Dr. XXX, [title]. The appointment is funded at an annualized rate of $ XX,XXX for a (Insert FTE) FTE (full time equivalent) effort obligation on an academic-year/ a fiscal-year basis.

This position is funded by [ Dr. XXX’s ZZ Grant -- or other source], and is contingent upon the continued availability of this funding. This appointment is “at-will,” with continuation or discontinuation at the discretion of the Dean/Vice Chancellor. Postdoctoral appointments are limited to a cumulative maximum of five (5) years. At present, funding for this position is expected to be available for a period not to exceed [1-60] months.

General expectations of postdoctoral scholars are outlined in section 6 of [NCSU REG 10.10.08 (Postdoctoral Scholars)](http://policies.ncsu.edu/regulation/reg-10-10-08). (Insert any specific departmental / college responsibilities here.)

[NC State’s Office of Postdoctoral Affairs (OPA)](http://www.ncsu.edu/grad/postdoctoral-affairs/index.php) offers professional development opportunities to enhance, support, and promote the postdoctoral experience at NC State University. Please take advantage of these and other resources offered through OPA.

Your appointment is contingent upon a satisfactory background check, verification of your academic and professional credentials (including an official copy of your transcript if you are the Instructor of Record for a course offered at NC State for academic credit per [*NC State Regulation 05.20.40, Instructor Qualifications*](http://policies.ncsu.edu/regulation/reg-05-20-40)), and your agreement to abide by the policies, regulations and rules of the University, as well as any funding contingency (as noted in the addendum). The information on the attached addendum is incorporated as part of this letter.

You may be subject to additional health and safety requirements that have been imposed at or after the time of hire, including, where applicable, those issued by NC State, the UNC System, federal or state agencies, or other collaborating agencies or organizations, and which are necessary for the performance of your duties and responsibilities. You are expected to comply with all applicable requirements for your position.

Please acknowledge your acceptance of this appointment by signing this letter, and its incorporated addendum, and returning it to me by (Insert Date).

We look forward to your joining NC State University. Should you have any questions, please do not hesitate to contact me or the unit’s Personnel Representative, (Insert Personnel Rep's Name).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name, Department Head/Center/Institute Director] [Name, Postdoc Scholar/Fellow]

cc: (Name, College/Division Business/HR Officer)

 ORIED Service Center, Campus Box 7003

Human Resources Information Management, Campus Box 7210

Office of Postdoctoral Affairs

Employment Letter Addendum – Postdoctoral Scholar

# Employment Policies

Postdoctoral positions at NC State University are time-limited appointments for no longer than five (5) cumulative years from the effective date of the initial appointment. Please refer to [NCSU REG 10.10.08 (Postdoctoral Scholars)](http://policies.ncsu.edu/regulation/reg-10-10-08) for additional policies that affect this appointment.

Your performance, salary, and responsibilities will be reviewed according to established University procedures and departmental /college evaluation criteria. For more information, please refer to the Annual Review Process found on the Office of Postdoctoral Affairs website.

# BenefitsRetirement

Postdoctoral scholars may participate in voluntary retirement programs through the[UNC System Voluntary 403(b) Program](http://www.ncsu.edu/human_resources/benefits/403b.php)and[the North Carolina Public Employee Deferred Compensation Plan](http://www.ncsu.edu/human_resources/benefits/def_457.php)provided under Section 457 of the Internal Revenue Code.For more information, please refer to section 9.1 of [NCSU REG 10.10.8 (Postdoctoral Scholars)](http://policies.ncsu.edu/regulation/reg-10-10-08).

Leave

For information regarding the types of leave available for postdocs, as well as holiday schedules, see section 9.3 of [NCSU REG 10.10.8 (Postdoctoral Scholars)](http://policies.ncsu.edu/regulation/reg-10-10-08) .

Health Insurance

As a Postdoctoral Research/Teaching Scholar/Fellow/Intern/Resident (Postdoc), you are eligible for health benefits through the University unless you choose to waive these benefits on the Postdoc Medical Coverage form (see enclosure). The Postdoc Group Health Plan and Student Health Service fee is currently paid for Postdocs by the University. Health benefits are also available for dependents at your own expense. If you have any questions about health insurance benefits, please call Student Blue at (919) 645-0240 or e-mail at: email@studentbluenc.com. For more information, the Student Blue web site is: <https://www.bcbsnc.com/content/studentblue/ncsu-pd>.

**Proof of Work Authorization**

As required by Federal law, this offer is contingent upon your presentation of authorized documentation that verifies your identity and your eligibility to legally work in the U.S. On or before your start date, you must complete Section 1 of the Form I-9 (Employment Eligibility Verification). No later than three days after your start date, you must present valid documentation to a designated HR representative to complete Section 2 of the Form I-9. If you need employment sponsorship in order to legally work for NC State University, your department must work with HR's International Employment unit to petition for nonimmigrant work-authorized status for you. For assistance, you and your department should contact International Employment & Taxation at 919-513-3338.

I acknowledge that I have read the appointment letter and incorporated addendum and I agree to accept the terms and conditions of this appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name, Postdoc Scholar/Fellow

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date