

APPENDIX G

Sample Appointment Letter

The information below represents core information that must be included in appointment/reappointment letters. However, campuses may customize and provide additional information related to Postdoctoral Scholar appointments, in a manner that does not conflict with this template or the UC-UAW Contract.

Date

Postdoc, PhD
Address

Dear Dr. [last name]:

Congratulations! I am pleased to invite you to accept an appointment as a full time (100%) Postdoctoral Scholar-__ in the Department of _____ at the University of California, [campus] effective [date] through [date] at an annual rate of \$_____. You will be funded from _____.

Your work location will be _____ under the supervision of Professor _____ and your research activities will involve _____.

Postdoctoral Scholars at the University of California are exclusively represented by the United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW). The union's (UAW Local 5810) website is <http://uaw5810.org/>.

A copy of the collective bargaining agreement between the University of California and the UAW is available at <http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/contract.html>.

Details concerning your benefits as a Postdoctoral Scholar are set forth in Article 3 "Benefits" of the UC-UAW Local 5810 Collective Bargaining Agreement ("CBA") (<http://ucnet.universityofcalifornia.edu/labor/bargaining-units/px/index.html>). Postdoctoral Scholars must have adequate health insurance coverage for the duration of the appointment. You are eligible to participate in the UC Postdoctoral Scholars Benefits Plan (PSBP), which includes medical, dental, vision, life, accidental death and dismemberment, disability insurance, and workers' compensation, and which satisfies U.S. visa requirements. Your family is also eligible to participate in the medical, vision and dental plans. Postdoctoral Scholars are obligated to contribute to the monthly subscriber portion of the medical insurance premium (Appendix A), unless they opt out. For detailed information, please contact Garnett-Powers.

If you decide to enroll in PSBP you must enroll within thirty-one calendar days from the first day of your official appointment. The insurance begins the first day of your appointment. Failure to timely enroll will result in a delay and limited access to services. Complete information is available at: <http://www.garnett-powers.com/postdoc>.

You can also obtain information from your union at: <http://www.uaw5810.org/know-your-rights/psbp/>. In accordance with local access rules and/or practices, upon appointment/reappointment you are entitled to have a meeting with your Union representative at your worksite to discuss your right to benefits and your benefit options under the collective bargaining agreement.

Also be advised that the University maintains individual personnel files for all employees and you have the right to access your personnel file in accordance with Article 18, Personnel Files.

This Postdoctoral Scholar appointment offer is contingent upon evidence of a doctoral degree and documentation of employment eligibility in compliance with the Immigration Reform and Control Act of 1986. Please indicate your acceptance by signing a copy of this official appointment letter and returning it to your department administrator at the following address:_____. Upon receipt of your formal acceptance, if any additional forms (e.g. visa application) are required to be completed by you, Department contact will contact you. If you have any questions regarding this appointment, please contact them at Phone or Email.

We would appreciate receiving your response within ___ days of this offer. Again, congratulations, and we look forward to hearing from you soon.

Appointing Authority Signature

Enclosure

cc: Chair
Professor

I accept this appointment: _____ Date: _____

APPENDIX A

2020 Health and Welfare Postdoctoral Scholar Benefit Plan

The 2020 Benefits information for all postdoctoral scholars is outlined below. Please review the rates and options available which include postdocs and their dependents. Postdoctoral Scholar Employees (title code 3252) will pay the rates as noted; Postdoctoral Fellows (title code 3253) may have some or all of the institutional allowance used to pay the UC's share and Postdoctoral Paid Directs (title code 3254) may be billed for UC's share if the funding agency has provided funding for health care and other additional benefits (as noted below) directly to the postdoc.

Contributions

The 2020 monthly contribution levels for the HMO Plan will remain the same percentages (2% for postdoc only and postdoc plus child(ren); 3% for postdoc plus spouse or family coverage) and the monthly contribution levels for the PPO Plan will be \$20 for postdoc only, \$40 for postdoc plus spouse or child(ren), and \$60 for family. Please refer to the chart below for more details.

University of California Postdoctoral Scholar Benefit Plan "PBSP" 2020 Monthly Premium Rates Effective 01-01-2020 through 12-31-2020				
	HMO		PPO	
Coverage Level	UC	Postdoctoral Scholar	UC	Postdoctoral Scholar
Postdoctoral Scholar	\$549.31	\$11.21	\$534.56	\$20
Postdoctoral Scholar + Partner	\$1,305.00	\$40.36	\$1,290.93	\$40
Postdoctoral Scholar + Child(ren)	\$961.38	\$19.62	\$930.50	\$40
Postdoctoral Scholar Family	\$1,658.42	\$51.29	\$1,631.42	\$60

Additional benefits include: Dental HMO or PPO; Health Net Vision; Standard Life/Accidental Death and Dismemberment; Standard Short Term Disability; Voluntary Long Term Disability. The Long Term Disability is voluntary and will cost \$9.00 per month. Additional voluntary supplemental life insurance is also available (premiums vary).

All postdoctoral scholar monthly contributions are due on the first of the month. If you are paid through payroll system your contribution will continue to be deducted from your paycheck. If you do not receive

pay through the payroll system, you will be billed from Garnett-Powers & Associates. Look for additional information in the mail from Garnett-Powers & Associates.

For more information, visit: <http://www.garnett-powers.com> or contact your campus postdoctoral scholar benefits office, Garnett-Powers or the Union for Postdoctoral Scholars, UAW Local 5810 (uaw5810@uaw5810.org), if you have questions.

APPENDIX B

Postdoctoral Scholar – Fellow (title code 3253)

Postdoctoral Scholar – Paid Direct (title code 3254)

If your fellowship award or external funding source provides an institutional allowance, research allowance or funding for the cost of health benefits, the University may deduct (if the allowance is administered by the university) or bill you (if the award is given directly to you) for the cost of the university portion of the benefits premiums.

Notice of such deduction or billing will be provided to you no later than 30 days prior to the deduction or billing. If the allowance is managed by the university, you have the right to request and receive a copy of your budget from your mentor or department financial administrator.

There may be imputed income/tax implications for insurance premiums paid on your behalf.