DATE

Dr./Ms./Mr. NAME

STREET ADDRESS

CITY, STATE ZIP

Email:

Dear Dr./Ms./Mr. NAME,

The Dean of the College of Sciences has authorized me to offer you a postdoctoral position at the

University of Texas at San Antonio (UTSA). (*If ABD, add:* following successful completion of all the requirements of Doctoral Degree in PROGRAM by MONTH XX, 20XX).

Your appointment will be for a period of one year, beginning MONTH XX, 20XX and ending MONTH XX, 20XX. Your annual gross salary will be $XX,XXX, which will be subject to all required withholding and deductions. In addition to your salary, you also will be entitled to all employee benefits authorized by the state legislature, University of Texas System and UTSA. UTSA’s Human Resources will provide you with full information regarding the various withholdings and deductions as well as available University benefits, services and resources at their Benefits Orientation.

Please note that your appointment may be discontinued at any time if any grant or fellowship supporting your position is no longer available or if, in the discretion of the Dean, your performance is not satisfactory or you do not comply with all rules, regulations, policies and procedures of the University as well as the University of Texas System. Renewal of this appointment for an additional year after the end date is contingent on my needs as the principal investigator, your satisfactory performance, and the availability of funding to support your continued training. This offer is contingent upon satisfactory completion of all pre-employment screening requirements, which include: (1) completion of this form and provision of documentation required by the Federal Immigration Reform and Control Act to verify employment eligibility to work in the United States; and (2) satisfactory completion of a criminal background check. This offer is available to you until MONTH XX, 20XX, at which time the terms may be subject to change. Please sign below to acknowledge your acceptance of this offer, and return to FIRST LAST at [FIRST.LAST@utsa.edu](mailto:FIRST.LAST@utsa.edu) no later than MONTH XX, 20XX.

Dr. NAME(S) will serve as your faculty mentor(s), administer your postdoctoral training and review your progress annually. Your responsibilities will be as follows:

1. Perform experiments …
2. Develop techniques …
3. Present research results at national and international conferences.
4. Prepare manuscripts for publication.
5. Co-mentor graduate and undergraduate students.

By accepting this appointment, you acknowledge that you have the necessary skills to perform the research outlined above and affirm that the curriculum vitae you have submitted is accurate and complete as of the date submitted. You agree to abide by the rules and regulations of the Department of DEPARTMENT at UTSA and to be bound by all policies pertaining to your appointment and possible reappointment. (These policies can be accessed through the UTSA web site,www.utsa.edu/hop.)

If you have any questions about the terms of this appointment, please contact the Department Chairman, Dr. NAME. The postdoctoral fellows of the College are among UTSA’s most important resources. I welcome you as an active participant in the programs of the College of Sciences and urge you to take part in the many opportunities we provide to help develop your career as an independent scientist.

Sincerely,

NAME, Ph.D.

Assistant/Associate/ Professor of DEPARTMENT

The University of Texas at San Antonio

Department of NAME

I, NAME, accept the appointment on the terms and conditions outlined above.

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