**Renewal Offer Letter for Post-Doctoral Associate**

(please remove the above title and place this letter on your electronic letterhead)

**Date**

**Name**

**Address**

**City, State, Zip Code**

Via email: **Email Address**

Dear **Name:**

This letter serves as formal notice of renewal of your Post-Doctoral Associate appointment in the Department of **Department Name** and your duties and schedule will be determined by your supervisor, **Supervisor’s First and Last Name**, **Supervisor’s Title.**

Your 1.0 FTE, regular, exempt appointment will be effective from **Start Date** through **End Date** and provides a salary of $**Salary**.  The salary is subject to all deductions required by the Federal and State laws and can include other deductions authorized by you in writing. Your appointment is contingent upon the availability of research funding. Should you be renewed for this position, a renewal appointment letter will be issued to you.

All faculty, administrators, and staff are subject to the relevant provisions of the [Rules and Regulations of the Board of Regents](https://www.utsystem.edu/offices/board-of-regents/regents-rules-and-regulations) and the [Handbook of Operating Procedures](https://secure.compliancebridge.com/utaprod/utaportal/index.php?fuseaction=app.main) of The University of Texas at Arlington and to applicable state and federal laws.

In compliance with state laws, please note that all purchases made with university resources are and remain university property that must be returned upon resignation or termination of employment.

**Acceptance**

The faculty of the Department of **Department Name** are enthusiastic about your proposed appointment. I share that enthusiasm and look forward to having you join us. Please indicate your acceptance of this offer by signing in the space indicated below and returning via email to **Name** at **Email Address** on or before **Date** so that we may forward your appointment for the review and approval process.

If you have any questions, please reach out to me.

Sincerely,

**Name of Dean**
Dean, **College or School**

cc:

Jim Grover, Dean, Graduate School

Academic HR (ahr@uta.edu)

**Name of Department Chair**, Chair, **Department Name**

**Name of Supervising Professor**, **Title of Supervising Professor**, **Insert Name of Supervising Professor’s Department**

(INSERT ITEMS BELOW AS APPLICABLE)

**Assistant/Associate** Dean for Graduate Affairs, **School/College**

Satu Birch, Director, International Student and Scholar Services-(ONLY IF INTERNATIONAL)

I accept this offer of appointment.

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**Candidate Name** Date