Date

Dear Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

**[MANDATORY INFORMATION]**

It is my pleasure to offer you reappointment as an International Postdoctoral Associate in the School of \_\_\_\_\_\_\_\_\_\_, Department of \_\_\_\_\_\_\_\_\_\_ for a term of one year effective \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_. This letter represents an extension of the terms set forth in your original appointment letter dated\_\_\_\_\_\_\_\_\_\_ and will be a full time (100%) appointment with an annual base salary of\_\_\_\_\_\_\_\_\_\_ to be funded by \_\_\_\_\_\_\_\_\_\_\_\_[insert source of fund, for example 5 T32 DK061296]. Currently, it appears that these funds are available throughout the time period stated above. If for some reason the funding is discontinued or no longer available during the stated time period, it is understood and agreed that the reappointment shall end with the funding.

**[MANDATORY IINFORMATION]**

Insert description of progress and expectations during reappointment term.

**[MANDATORY INFORMATION]**

Your appointment is contingent upon receipt of appropriate employment authorization from the U.S. Citizenship & Immigration Services (USCIS) within the U.S. Department of Homeland Security and/or the U.S. Department of State. We will work with you to ensure receipt of the information necessary to proceed with the Office of International Services (OIS) at the University of Pittsburgh on your behalf for processing of the required employment authorization. For more information about OIS, please refer to their website at www.ois.pitt.edu.

**[MANDATORY INFORMATION]**

In accordance with the University of Pittsburgh guidelines, if you are in agreement with this reappointment, please sign both letters and return one to me.

**[MANDATORY IINFORMATION]**

As an International Postdoctoral Associate, you are encouraged to participate in preparation and publication of your research findings, seminars, professional development opportunities, and presentation of your research scholarship at scientific meetings. It is your responsibility to actively participate in these activities and seek advice during your postdoctoral experience. The Center for Postdoctoral Affairs in the Health Sciences offers programs and services to support you during this important stage of your scientific career. If you have not already completed your updated annual Career Development plan, please do so and submit it to [postdoc@hs.pitt.edu](mailto:postdoc@hs.pitt.edu).

In addition, the **University of Pittsburgh Postdoctoral Association (UPPDA)** is an active organization for postdocs at our institution ([www.uppda.pitt.edu](http://www.uppda.pitt.edu)). The UPPDA works to facilitate a constructive and positive experience that benefits postdoctoral professionals and the University of Pittsburgh alike. As a Postdoctoral Associate, you are encouraged to participate in activities sponsored by the UPPDA.

**[OPTIONAL INFORMATION]**

I look forward to a continuation of our mutually rewarding working and mentoring relationship and will remain dedicated to providing you with a stimulating and productive postdoctoral experience.

Sincerely,

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

Name and Signature of Faculty Mentor/Principal Investigator Date

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

Name and Signature of Department Chair Date

or other responsible University official

*I agree to the terms set forth in this offer and have received and read a copy of the Guidelines for Postdoctoral Associates and Postdoctoral Scholars*

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

Signature of Candidate  Date