ADD Delivery Method

October 18, 2024

Name  
Address  
City, State Postal Code

RE: Renewal of Post-Doctoral Research Associate Appointment

Dear Dr. [Name]:

On behalf of the [Department/School name] and the [College name], we are pleased to renew your appointment with Washington State University (WSU). The terms of the renewal are as follows:

**Title | Title Code:** Post-Doctoral Research Associate | [306-YN/NN]

**Position Number:** XXXXXX

**Location:** This position is located on the [location] campus of WSU [alter to specific location plus potential assignment other location/campus as required]

**Appointment:** The appointment is 9-month academic/12-months annual, fixed-term, short-term track, Faculty rank

**Supervisor:** Dr. [Name, Title]

**Overtime**

**Eligibility:**  Overtime Ineligible – This position is ineligible for overtime. You are to document leave activity by completing and certifying time off and leave requests via Workday. OR Overtime Eligible – This position is eligible for overtime. You are to track hours worked and time off or leave taken via Workday.

**FTE:** 100% Full-time equivalency

**Salary:** $xx,xxx on an academic/annual year basis

**Workload:** Your workload distribution OR assignments [add].

**Effective Dates:** The appointment is effective [DATE] through [DATE]. In accordance with the WSU *Faculty Manual*, Section III.E.1, this appointment will end on the date specified unless positive action is taken to renew your appointment. Subsequent renewals are subject to satisfactory performance, mutual consent, and available funding. [ADD for 12-month annual appointments only| Accumulated annual leave must be used prior to the termination date, unless you obtain a written exception from your director and appointing authority. ]

WSU employs only U.S. citizens and lawfully authorized non-U.S. citizens. All new employees must provide identity and employment eligibility verifications as required by the U.S. Citizenship and Immigration Service to comply with the Immigration Reform and Control Act. See the enclosed List of Acceptable Documents. You will need to complete Form I-9 no later than the first day of employment and provide acceptable documents no later than the third business day of employment.  The Office of International Programs Scholar Services is the main point of contact for any questions related to work visa sponsorship at WSU. Questions regarding visa sponsorship can be directed to IP via email at [ip.intlservices@wsu.edu](mailto:ip.intlservices@wsu.edu) or 509-335-4508.

The current *Faculty Manual*, in its current form and as it may be revised in the future, is a primary resource for policies and procedures regarding faculty, and its provisions are conditions of employment.  Of note, the disciplinary process/procedures included in the Faculty Manual may result in being placed on unpaid leave during the pendency of the matter. The *Faculty Manual* should be consulted and followed in resolving questions regarding your appointment. The *Faculty Manual* can be found on the [Faculty Senate website](https://facsen.wsu.edu/" \t "_blank" \o "https://facsen.wsu.edu/).

Washington State University Intellectual Property policy, which is included in the *Faculty Manual* and is a condition of your Visiting Faculty appointment, provides that certain intellectual properties developed within the scope of the faculty members’ employment or association, or developed with substantial use of university facilities, or developed under third party funding agreements are considered to be the property of the University. To the extent it applies, the Intellectual Property policy is a condition of your Visiting Faculty appointment. By your acceptance of this appointment, you hereby assign to the University, to the extent possible, any intellectual property in which the University has an interest, as defined by the *Faculty Manual*. You further agree to execute promptly all assignments, waivers and other legal documents necessary to vest in the University or its assignee any and all rights to the intellectual property, including the Intellectual Property and Proprietary Information Agreement for Visiting Personnel Using WSU Facilities.

Please return a signed copy of this letter indicating if you accept or decline this renewal of appointment to Name, Title, Mailing Address. A reply is requested at your earliest convenience, but no later than Date. Retain a copy of the letter for your records. Thank you for replying at your earliest convenience.

The faculty and staff of the Department/School and College are delighted you have chosen to continue your career at Washington State University.

Sincerely,

Name, Chair/Director Appointing Authority Name, Title

Department/School Name College of Name

Campus Appointing Authority Name, Title

Name of Campus

Encl: U.S. Citizenship and Immigration Services required documentation

Important Benefit Information

cc: Appropriate College/Department representative(s)

HRS Personnel File

HRS Employment Services Unit

I, [NAME]

Accept Decline

Name Date