**Renewal Letter for Post-Doctoral Associate**

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

**Date**

**Name**

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 supervising professor, **Supervisor’s First and Last Name**, **Supervisor’s Title**.

Your appointment will be effective from **Start Date** through **End Date**. This **X.XX FTE,** regular, exempt appointment provides a monthly salary of $**Monthly Salary** which if annualized would be $**Annual Salary**.  Your appointment is contingent upon the availability of research funding and your continued satisfactory performance evaluation. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. Should you be renewed for this position, a renewal appointment letter will be issued to you.

Please indicate your acceptance or declination of this offer by signing in the space indicated below and returning via email to **Name** at **Email Address** on or before **Date**.

If you have any questions, please call me.

Sincerely,

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

xc: Jim Grover, Dean, Graduate School

Academic Personnel Office (academicpersonnel@uta.edu)

**Name of Assistant/Associate Dean for Graduate Affairs**,

**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**

(Optional) Enclosures: Appendix A -Postdoctoral Fellow Agreement; Job Duties/responsibilities.

I accept this offer of appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Candidate Name** Date

I decline this offer of appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Candidate Name** Date