

(PLEASE COPY, REVISE AND PRINT TO YOUR DEPARTMENT LETTERHEAD)

Model Letter of Renewal/Reappointment
Clinical Fellow

Note to Departments:

This letter of offer constitutes a renewal of appointment for a clinical fellow. Conditions for subsequent renewal of appointment should not be stated in this letter of offer. All paragraphs listed below are required, as noted.

This letter of offer and notice of renewal of appointment is for a non-tenure track, fixed-term position. Conditions for renewal of this fixed-term appointment are not to be stated in this letter. If you have questions, please contact the Office of Human Resources.

This must be a 12-Month Appointment. The fiscal year beginning and ending dates are July 1 – June 30. 12-month appointments may start on any day on or after July 1.

Should you have questions, or need an exception to this model letter, contact the Associate Director of Employee and Labor Relations in the Office of Human Resources.

DATE:

TO: [Employee's Name]
[Employee's ID#]

FROM:

SUBJECT: Renewal of Your Clinical Fellow Appointment and Notice of Appointment for 20XX-XX [or appropriate term dates** if less than an academic or fiscal year**]

This memorandum serves as formal notice of renewal of your appointment to a 12-month fixed-term position in the [Department/College] of _____ for the period July 1, 20XX to **_____.

ALTERNATIVE Paragraph: If this employee will be paid from a gift, grants, or contract funding source(s), use the following paragraph in place of the previous paragraph:

This memorandum serves as formal notice of renewal of your appointment to a 12-month fixed-term position in the [Department/College] of _____ for the period July 1, 20XX to **_____ or until exhaustion of the grant, contract or gift funds designated to cover your salary and benefits, whichever comes first.

The appointment carries the title of Clinical Fellow and is for [_____] FTE at your current annual salary rate.

This appointment is subject to the provisions of the Oregon Administrative Rules of the State Board of Higher Education, as well as any applicable Oregon State University rules and policies, which are incorporated by reference herein.

Your duties as Clinical Fellow are outlined in the position description on file in your [department/college].

If this notice is understood and acceptable to you and so that there is an official record regarding your appointment, please sign one copy of this memorandum and return it to me for your personnel file in the [enter Business Center name here] _____ Business Center HR Unit. The original is for your own records.

Thank you for your service to the institution.

I accept the appointment as described above:

Signature of Employee

Date

C: Business Center Human Resources Unit (following employee signature)
[Dean, Director, Department Head/Chair]

SAMPLE