

LETTER OF INTENT / OFFER LETTER FOR RESEARCH ASSOCIATE APPOINTMENT

August 29, 2007

[Name of applicant]
[Address of applicant]

Dear Sir/Madam:

We are pleased to offer you an appointment as a Research Associate (post-doc) in the _____ Department, of _____ [Name of University]. This offer is made subject to approval by the State Board of Regents, and subject to the continuing availability of funds.

Position

The post-doc position at [Name of University] is a temporary, full-time position that will run for a 12-month employment period beginning on _____ [insert date], at a salary of USD \$_____, which is contingent upon funding from [State funding / an active research grant].

Research to be performed during the appointment:

[describe]

Offer Subject to Proper Documentation

The appointment is also contingent upon receipt of proper documentation from you, which include valid non-immigrant employment authorization, and the original Certificate of Degree (PhD). Although every reasonable effort will be made to inform you at the earliest practicable date, post-doc employment may be terminated without further notice to you if any of these conditions is not met.

We must verify your employment eligibility, in compliance with the Immigration Reform and Control Act (IRCA) which requires every employee to complete an I-9 Form and to provide certain documents for examination. A list of acceptable documents is attached. Please submit your documentation to _____ [insert name and/or office] within ____ days of the commencement of your employment. Failure to submit IRCA documentation within that ____-day period will result in the termination of your appointment. At the time you submit your IRCA documentation, you will receive a form to complete and submit so that you may obtain your University identification card.

Benefits & Expenses

Health Benefits

You are eligible for health benefits through _____, unless you choose to waive these benefits. *[Give an overview of the health insurance plan and indicate whether coverage is available for spouses and children, and whether the applicant must pay for that coverage.]* If you have any questions about your health insurance benefits, please call _____ at _____ [phone number], or email them at _____ [email address]. You can find more information at their website, at _____ [URL].

Moving Expenses

You [will / will not] be reimbursed for your travel, moving or other auxiliary expenses related to your acceptance of the position, [up to a maximum of USD \$_____].

THIS IS A 4-PAGE DOCUMENT.