**PART-TIME OFFICERS OF RESEARCH – APPOINTMENT**

Adjunct Senior Research Scientist/Scholar; Adjunct Research Scientist/Scholar;

Adjunct Associate Research Scientist/Scholar

Part-Time Postdoctoral Research Scientist/Scholar

Part-Time Senior Staff Associate I, II, III; Part-Time Staff Associate I, II, III

Part-Time Special Research Scientist/Scholar

PERSONAL AND CONFIDENTIAL

{date}

Dr./Mr./Ms. {first name, last name}

{address}

{city, state, zip code} or {email}

Dear Dr./Mr./Ms. {last name}:

I am pleased to offer you an appointment as a part-time{complete university title} at Columbia University, beginning {start date}. This offer comes with the enthusiastic endorsement of the {Department/School/ Institute/Center} and the approval of the [Executive Vice President for Arts and Sciences/Dean of the Faculty of {name}/Director of {name of institute or center}], {all of whom view/who views} your appointment as further enriching our academic community.

Terms

Your initial appointment will be from {start date} to {end date}, with the possibility of renewal, subject to work eligibility and the usual standards for satisfactory performance and the availability of funding. Your appointment is also contingent upon your having a valid visa (as applicable), being in the United States, the verification of your identity, the eligibility to work in the United States, and having completed an I-9 form.

The annual salary for the period from {start date} to {end date} will be set at ${salary}, to be paid on a semi-monthly basis. {*Or if appointment is for less than a year substitute* - The salary for the period from [start date] to [end date] will be [period salary], based on an annual salary of $[amount], to be paid on a semi-monthly basis} {appointment end date should not extend beyond end date of already-secured funding.}

Duties

We expect that you will work on the following research:

{Discuss specifics of research here in the lab/research program of [Principal Investigator name]}

Your employment is contingent upon verification of your identity and eligibility to work in the United States. The verification process requires that you complete a Form I-9 in compliance with the Immigration Reform and Control Act of 1986. For further information about the process of completing the form I-9, please see [human resources orientation and new hire information](https://humanresources.columbia.edu/orientation). If you have worked at Columbia University within the past two years, you have already completed the I-9 and should not need to complete this step again unless your visa is expiring or has expired.

In addition to the I-9, you will also need to complete the Invention Agreement form and the New York State mandated Notice and Acknowledgement of Wage Rate and Designated Pay Day form before your status as employee can be activated. Please contact {department administrator} for more information about these required forms. {He/She} may be reached by email at {email address}.

Policies

The rules and policies of Columbia University are outlined in the Faculty Handbook at [https://facultyhandbook.columbia.edu](https://facultyhandbook.columbia.edu/)

New York City Workers’ Bill of Rights

In accordance with New York City’s Worker’s Bill of Rights legislation, we are providing all new employees with a link to the rights and protections workers can expect: [https://www.nyc.gov/site/dca/workers/workersrights/know-your-worker-rights.page](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.nyc.gov_site_dca_workers_workersrights_know-2Dyour-2Dworker-2Drights.page&d=DwMFAg&c=009klHSCxuh5AI1vNQzSO0KGjl4nbi2Q0M1QLJX9BeE&r=nI2FxJj3MUtfWTORMlqG9zWysTRT5F1faBEqERbx8Jo&m=eVXzz_jI6MJe7-nwCS6Ow_yZQaJT8KQQVDQPkt5SAmvdMI_aL_M9sbJ2RFLPEwNX&s=be8wH7OvHNqJD7OTxpUwnJkqVjv7POA36L-ieMJxXII&e=)

New York State HERO Act

In accordance with New York State’s hero act, we are providing all new employees with a copy of the prevention plan that Columbia has adopted to protect against the transmission of any airborne infectious diseases in the workplace as designated by the NYS Commissioner of Health (it does not apply to the current covid-19 pandemic). The plan can be found here: <https://research.columbia.edu/sites/default/files/content/EHS/COVID-19/HeroActPlan.pdf>

Lactation Policy

In compliance with applicable laws, we provide all new employees with a copy of the university’s lactation policy, which can be found here: <https://universitypolicies.columbia.edu/content/lactation-policy>

We are excited at the prospect of your joining our {Department/School/Institute/Center} and would be delighted if you choose to accept our offer. If you are in agreement with the terms outlined above, please sign in the space provided below and return a copy by email to {name} at {email address}.

If you have any questions or need additional information, do not hesitate to contact me.

Sincerely,

{name}

{Title, Principal Investigator

and/or Chair/Dean/Director} {Department of/School/Institute/Center {name}

cc: {name of departmental administrator}

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{Candidate name} (Signature) {Date}