**ASSOCIATE RESEARCH SCIENTIST/SCHOLAR**

{date}

PERSONAL AND CONFIDENTIAL

{name}

{address}

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

Dear {name}:

I am pleased to offer you an appointment as an Associate Research {Scientist or Scholar} in the

{department/school/institute/center} at Columbia University, beginning {start date}. This offer comes with the enthusiastic endorsement of the [Department/School/Center/Institute] and the approval of the {Executive Vice President for Arts and Sciences/dean of school/director of center or institute}, all of whom view/who views your appointment as further enriching our academic community.

The initial term of this appointment is from {start date} to {end date} (up to 12 months}, with the possibility of renewal, subject to work eligibility and the usual standards for satisfactory performance and the availability of funding. This appointment is also contingent on having a valid visa, being 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.)

Your responsibilities during the appointment will consist of {description of activities, collaborations, etc. in the [Department/School/Center/Institute] in the lab/research program of [Principal Investigator name]}.

The {department/school/institute/center} is located in {building} on the {Morningside/Manhattanville/Lamont/Nevis} campus. Please contact {name of departmental administrator}, the departmental administrator, with any questions regarding your appointment.

You will be eligible to participate in the University’s regular benefits program for full-time professional Officers of Research, which includes health and disability insurance plans, with premiums shared by you and the University. In order to receive benefit coverage, e.g., medical, dental, life, **you must sign up for health benefits within 31 days of the effective date of your appointment.** Please contact the Benefits Office for information and assistance with enrollment at (212) 851-7000, 9 a.m. to 4 p.m., Monday through Friday. You will find a more detailed description of our benefits on the web at the following site: <https://humanresources.columbia.edu/benefits>.

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. While the University is on a majority- remote schedule, I-9s for Columbia University hires are being processed via a service called I-9 Anywhere. To complete section 1, go to the [Columbia University Remote I-9 Employment Center](https://humanresources.columbia.edu/content/i9-everify) page. Once you have completed Section 1, you will be asked to schedule your appointment for Section 2. For complete instructions on how to use this service, please refer to the [I-9 Anywhere User Guide](https://humanresources.columbia.edu/content/i-9-anywhere-user-guide). 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 e-mail at {e-mail address}.

The rules and policies of Columbia University are outlined in the Faculty Handbook at <http://www.columbia.edu/cu/vpaa/handbook/index.html>. **[*Insert if no supervisory authority* -** In addition, as an Associate Research {Scientist or Scholar}, your appointment is covered by a collective bargaining agreement between the University and Columbia Postdoctoral Workers-UAW Local 4100. The agreement can be found at <https://humanresources.columbia.edu/content/cpw-uaw-memorandum-agreement-postdoctoral-research-scientistsscholars>.**]**

All faculty, students, and staff returning to campus must comply with the basic public health protocols that define Columbia’s approach to protecting the safety of the community. These include the following, described in detail on the University COVID-19 website at [https://covid19.columbia.edu](https://covid19.columbia.edu/)/:

• Gateway testing before return

• Online Return-to-Work Training

• Daily symptom self-check through the ReOpenCU app

• Participation in surveillance testing if and when the university implements an ongoing testing regimen

• Continued observance of all protocols including wearing face coverings, maintaining physical distance, etc.

Compliance with these measures is mandatory. The health of all depends upon our collective and ongoing commitment.

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 [e-mail 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/school/ center/institute}

cc: Executive Vice President/Dean/Chair/Director

{divisional dean name}, Dean of {Humanities/Social Science/Science)

I accept the appointment under the terms set forth above.

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{Candidate name} (Signature) Date

[Final 8/25/2020]