**POSTDOCTORAL RESEARCH FELLOW WITH NO SUPPLEMENT**

{date}

PERSONAL AND CONFIDENTIAL

{name}

{address}

{city, state, zip} or {email}

Dear {name}:

It is a pleasure to offer you an appointment as a full-time Postdoctoral Research Fellow in the {Department/School/Institute/Center/Lab} of {department/school/institute/center name} at Columbia University. As is the case with all academic appointments, your appointment is made in accordance with the provisions of the University’s Statutes and the other rules of governance of the University. Here we have put together a summary of some of the key administrative aspects of your appointment which you can use a guide.

This appointment is contingent upon your having completed all requirements for the degree, including the deposit. Please note that if you have completed all of your degree requirements, including deposit, but have not been awarded your Ph.D. degree, you must provide a certifying letter from your Graduate School to that effect.

Term

Your initial appointment will be for <insert number> months {up to 12 months allowed} from <insert date> to <insert date>. Reappointment for subsequent terms is dependent on funding, satisfactory progress in training, performance of all duties, and continued work eligibility. It is renewable for up to a total period of <insert period – maximum is 3 years> years {appointment end date should not extend beyond end date of already-secured funding or visa expiration date}.

Your appointment is also contingent upon your having a valid visa, being in the United States, and having completed an I-9 form.

Stipend/Fellowship Payment and Tax Liability

You have provided confirmation that you will receive a stipend in the amount of $ <insert amount> based on funding secured from <insert funding source>. It is our understanding that this stipend is paid to you directly; please note no federal, state or local taxes, Social Security or disability insurance will be deducted from the stipend. It is your personal responsibility to understand the tax implications of receiving this stipend.

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}>

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.

Benefits

You are entitled to the benefits associated with Postdoctoral Research Fellows as outlined in <https://humanresources.columbia.edu/pdfellowsmedical> and are eligible to enroll in the health plan offered to Postdoctoral Research Fellows by Columbia University. University policy requires that all full-time Fellows be covered by health insurance, whether purchased through the University or through another source. Under University policy, the cost of the Postdoctoral Fellow’s UHC Choice Plus blended rate plan, less the fixed contribution from the Postdoctoral Fellow, will be covered through the fellowship allowance and the Principal Investigator. For additional information regarding health insurance for postdoctoral research fellows, please see <https://humanresources.columbia.edu/content/pd-fellows-medical-coverage>. **Please be aware that you must sign up for health benefits within 31 days of your effective date of appointment.**

Housing

In principle, you are also eligible to rent a University-owned apartment in the Morningside Heights area but these are subject to availability and are currently oversubscribed. You may apply to get into the system but you should also explore housing options outside of the system. For general information on University-owned housing, please visit: <http://facilities.columbia.edu/housing/>. For general information on housing options outside of the system, please visit: <http://www.columbia.edu/ocha>.

Your employment is contingent upon verification of your identity and eligibility to work in the United States. {[***Insert only if Fellow receives stipend paid by external agency through Columbia***]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  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.

You will also need to complete the Invention Agreement form before your status as employee can be activated. Please contact {departmental administrator} for more information about these required forms.

As an Officer of Research, you are subject to the policies and procedures outlined in the Faculty Handbook and other University documents. A copy of the Handbook is located at http://www.columbia.edu/cu/vpaa/handbook/index.html. You may also wish to review and avail yourself of the resources made available by the University’s Office of Postdoctoral Affairs at <http://www.columbia.edu/cu/postdocs>. {[***Insert only if Fellow receives stipend paid by external agency through Columbia***] In addition, as a Postdoctoral Research Fellow, 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/>:

* 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/Lab} 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 e-mail to [name] at {e-mail address}.

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

Sincerely,

{name}

Title, Principal Investigator

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

(letter may be cosigned by Chair/Director)

cc: Executive Vice President/Dean/Chair/Director

I accept the appointment under the terms set forth above.

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{candidate name}(signature) Date

[Final 8/25/2020]