**SAMPLE LETTER OF APPOINTMENT FOR RESEARCH ASSISTANT**

 **(During Academic Year)**

**Note:** Most appointments are for a semester or an academic year. Full year (September 1 – August 31) appointments are allowable. Full year appointments should not result in additional departmental expense allocation for student health insurance costs if the student’s average working hours during the academic year and during the University’s Affordable Care Act measurement period, with consideration of all Lehigh positions, do not exceed 25 hours per week. Annual appointments for students working in excess of 20 hours per week should be reviewed on a case-by-case basis and those in excess of 25 hours per week could result in additional expense allocations for the hiring department.

(Date)

Dear [xxxx],

On behalf of the [Dept/Center] I am pleased to offer you an appointment as a Research Assistant for the [fall/spring/academic year xxxx] under the supervision of Dr. [name]. As a condition of your graduate degree program, you are expected to proactively explore research opportunities and engage in research activities. This appointment is only for this period and continuation of this support is based upon your performance and the availability of funds.

The stipend for this position is $[xxx.xx] per semi-monthly pay period for a total stipend of $[x,xxx.xx], less applicable taxes. Upon submission of all required documentation, your appointment will begin [month/day/year first day of service] and end [month/day/year last day of service]. In recognition of your excellent academic accomplishments, you have been awarded a tuition scholarship of [x] credits of tuition for the [fall/spring/academic year xxxx]. There are no obligations of service associated with your scholarship.

Your responsibilities to the University as a Research Assistant will require an average of [enter up to 20, 25 allowable with approved petition] hours of service per week during the semester. In order to advance your personal educational goals, you may choose to devote additional hours to your research activities. Those hours will be counted as hours committed to your education rather than to your service appointment, and will not be compensable unless your supervisor advises the Dean’s Office that he/she requires employment services beyond the required service commitment described within this letter. If your supervisor disagrees with your assessment as to whether work you conduct beyond the average weekly commitment described here is part of your educational experience, please contact your department chair, graduate director, or Dean’s Office to discuss this situation.

[Include if appointment is less than 25 hours/week:] If you wish to pursue other University appointments in addition to your Research Assistant position, please understand that your total work commitment will be capped at 20 hours per week during the fall and/or spring semesters unless you secure approval from the Dean’s Office by using the Graduate Student Work Limit Overload Petition Form.

Please be aware that to be eligible for this offer you must be enrolled as a full-time graduate student and maintain high performance in your academic work and service. If, at any time, you should fall below full-time status or your performance is deemed unsatisfactory by the department, the department may terminate your assistantship and scholarship. In order to be considered a full time student, you must be enrolled in nine or more credits per semester or have completed an approved full-time certification form.

Please also be aware that in order to remain eligible for this position and scholarship award, you must continue to make normal progress towards a graduate degree. The definition of normal progress may vary among departments, but the criteria for satisfactory progress are established by the departmental faculty and by the University Graduate and Research Committee.

Optional paragraph:

In addition to your support package described above, Lehigh offers a student health insurance subsidy program. For the [xxxx-xxxx] academic year, Lehigh’s insurance subsidy program provides [$xxxx], less the applicable taxes, towards the [$xxxxx] annual insurance premium for students receiving assistantship and fellowship payments through Lehigh’s Payroll Office. Eligible students will receive a subsidy payment at the end of the semester (mid-December and mid-May paychecks). NOTE: If your paychecks end before these dates, you will not be eligible to receive the subsidy. Please contact the Office of Graduate Student Life at (610) 758-3648 for more information regarding this program and the eligibility requirements.

This appointment offer is contingent upon your providing documentation to the University that you are authorized to work in the United States, as required by the Immigration Reform and Control Act of 1986. If you have not been employed by Lehigh University within the last six months, please bring with you on your first day of employment one document from Column A, or one document from Column B and one document from Column C (see I-9 form enclosed). Please also bring with you the enclosed W-4 and Residency Certification Forms. If, at any time, your responsibilities require you to perform work on a federal contract subject to Federal Acquisition Regulations (FAR), Lehigh University will verify your identity and employment eligibility information through the Department of Homeland Security E-Verify system. If you are an international student, please go to the Office of International Students and Scholars (OISS), located in Coxe Hall at 32 Sayre Drive, to complete the necessary work authorization documentation before your first day of work.

If you have any questions about this offer, please contact [name] at [phone]. If you accept the terms of this offer, please sign the enclosed copy of this letter, retain the original for your files, and return a copy to [name and address] no later than [date].

Sincerely,

[Name and Title]

By placing my signature below, I hereby accept the appointment as a Research Assistant on the terms described above and advise my supervisor that my employment history with Lehigh University during the last twelve months is as follows:

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| --- | --- | --- | --- | --- |
| **Lehigh University Department/Center** | **Position Title** | **Start Date** | **End Date** | **Average Hrs per Week** |
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Student Name (please print)

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Student Signature Date