**SAMPLE LETTER OF APPOINTMENT FOR SUMMER**

**UNDERGRADUATE RESEARCH ASSISTANT OR RESEARCH/GRADUATE/TEACHING ASSISTANT**

**Note:** Summer appointment start and end dates may vary. Departments are encouraged to limit full time appointments to 2.5 months in total in order to provide students with a summer break before the start of the new academic year. Further, appointments which (1) cause the student’s average weekly hours to exceed 25 during the University’s Affordable Care Act measurement period; OR (2) exceed 2.5 months in duration and 25 hours per week, may result in additional departmental expense allocations for student health insurance costs. Students who are F1 visa holders may not work in excess of 20 hours per week when academic year classes are in session.

Dear [xxxx],

On behalf of the [Dept/Center] I am pleased to offer you an appointment as a summer [Graduate/Teaching/Research Assistant or Research Undergraduate] under the supervision of [name]. 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\*].

Your responsibilities to the University as a [Teaching/Graduate/Research Assistant or Research Undergraduate] will require an average of [enter up to 40] hours of service per week. In order to advance your personal educational goals, you may choose to devote additional hours to activities similar to your service responsibilities. Those hours will be counted as hours committed to your education rather than to your service appointment, and will not be compensable. 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.

During the term of this position, you must advise and receive approval from your supervisor prior to participating in additional part-time work for compensation for any other department/unit of Lehigh University.

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.

Information regarding Workers’ Compensation benefits for which you may be eligible is available on the Office of Risk Management’s website at www.lehigh.edu/~inrsk. To be eligible for any such benefits, the injury or illness must be sustained in the course and scope of your University employment and while engaged in employment activities for which you are receiving compensation from the University.

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 [Teaching/Graduate/Research Assistant or Research Undergraduate] 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** |
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Student Name (please print)

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Student Signature Date