**Research Associate Template**

DATE

Dear xxxxx,

 I am pleased to offer you the position of *(insert title:* Research Associate*)* in the Department of (*name of department) at the School of Design.* **Your** role for the School of Design will begin on (**start date)** and end on (**end date)**. Your compensation as a Research Associate will be $X/ paid monthly.

This is an exempt, full time benefit eligible position <https://www.hr.upenn.edu/pennbenefits> that is *contingent upon funding*. You will be eligible for benefits beginning (**INSERT:** First day of month following hire date EX: hired July 15th; benefits eligibility August 1st). You will be expected to work a minimal of X hours per week; however, your hours are dependent upon the workload.

Since your salary is funded by external sources, ***your position is contingent upon the continued receipt of these*** ***funds***. You will be supported on (*insert grant name)*, to be paid in accordance with the payroll schedules of the University of Pennsylvania.

 Your responsibilities will include

***(Description of projects, responsibilities, and functions,* Expectations/Deliverables*)***

**Before your first day of work at Penn, you will need to complete the following:**

**Provide verification of your identity and right to work in the United States**—Per the Immigration Reform and Control Act of 1986, we need to obtain documentation that establishes your identity and right to work in the United States.  To meet this requirement, employers must obtain a completed I-9 form for every employee.  TALX, the largest provider of employment and income verifications in the U.S., provides us the ability to complete your I-9 form electronically.  TALX uses the strictest of security measures, including encryption, to protect employees.  Before you begin working at Penn, please go to <https://www.hr.upenn.edu/I9> select **DESIGN** and complete the required information. On your first day of work, you must bring in the appropriate documentation in order for us to complete the I-9 process.  For your information, I have enclosed a list of acceptable documents for this purpose.

**Elect how you want to receive your pay from Penn**

The University of Pennsylvania offers two choices for receiving your pay: Direct Deposit or the ADP Aline® Card. As a new employee, you’ll automatically receive an Aline® Card, which works like a Visa® debit card.  If you do not enroll in Direct Deposit, your pay will automatically be loaded onto the Aline® Card every payday.  You can sign up for Direct Deposit at any time to have your pay deposited directly into your personal bank account on paydays. For more information on these options, please visit [www.finance.upenn.edu/comptroller/payroll/receiving\_your\_pay.shtml](http://www.finance.upenn.edu/comptroller/payroll/receiving_your_pay.shtml).

**If applicable insert the following:**

 *(FOR FOREIGN CANDIDATES)* This offer is contingent upon your having authorization towork and it is your responsibility to ensure that you are in compliance with U.S. Citizenship and Immigration Services (USCIS) policies. Please contact the University’s International Student and Scholar Services (ISSS) office at 215-898-4661 or online at <http://global.upenn.edu/isss> immediately so that any visa issues may be addressed before you join us. Appointment and payroll documentation cannot be processed until you have presented ISSS approval.

 Please sign this offer letter to indicate your acceptance of the terms of your appointment and return it to me by (*DATE*) with your signed Participation Agreement. I look forward to your coming to the University of Pennsylvania.

Yours sincerely,

Supervisor

**Title**

*My signature below indicates my acceptance of this appointment and my understanding that the continuation of the position is dependent, in part, upon continued satisfactory performance. I acknowledge that my employment is at will, that this is not an employment contract, and that my position may be terminated at any time for unsatisfactory performance, misconduct, or for other reasons.*

*My signature below also indicates that as an employee of the University, I am placed in a position of confidence and trust.  My appointment may give me access to confidential information, and unauthorized disclosure of this information would cause irreparable damage to students, staff, faculty, alumni, patients, affiliates, agents and contractors of the University.  In accepting this position, I agree that during and after my employment with the University, I will not use or disclose any confidential information except as may be necessary and appropriate in fulfillment of my duties. I also agree to maintain the confidentiality of my password for all systems that I use to access confidential information.\**

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**Name**  **Date**

Cc: Chris Cataldo

 Kimbalina Johnson

 Brianna Reed