DATE

NAME

ADDRESS

Dear Dr. NAME,

As noted in your offer and appointment letters, continued appointment and employment at Dartmouth College are contingent upon availability of funds to Dartmouth College (Geisel) to your or your advisor’s research program. As we have discussed, funding for your position is no longer available. As this funding has ended, we are hereby providing you with 30 days’ notice that your employment will end Month XX, 20XX. Your academic title at Dartmouth shall also terminate effective at the end of your employment. In addition, all benefits that are associated with this position (e.g., a DND account and access to Dartmouth’s libraries) will also terminate on this date.

Please note if you have not used your allotted vacation time prior to the termination of your employment, your advisor and your sponsoring department will be responsible for allotted but unused vacation days. We suggest that you contact Michael Hoyt in the Human Resources Department at Dartmouth College if you or your sponsor has any questions with respect to this provision.

Termination of your appointment may also affect your visa status. If you feel this is the case, please contact the Office of Visa and Immigration Services <http://www.dartmouth.edu/~ovis/> for guidance.

We thank you for your efforts in support of the academic programs at the Geisel School of Medicine at Dartmouth and wish you the best in your future career. [Optional: Please note that I (Dr. XXXX) as your sponsor will be happy to provide recommendations for you with future employers if you request that I do so.]

CHAIR’S NAME PI NAME

NAME OF DEPARTMENT NAME OF DEPARTMENT

On behalf of the Trustees of Dartmouth College

*I acknowledge receipt of this letter.*

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SIGNATURE (NAME) DATE