DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear NAME,

I write to invite you to our laboratory/institute/center for the period of time from START DATE to END DATE (one year or less) to pursue research and scholarship in the field of XX. It is my expectation that during this appointment you shall [description of expected activities that justify the title]. During this time, you will be compensated as an employee of Dartmouth College and therefore you will be entitled to benefits [Research Associate B if NFA > 9 months; XXX if faculty].

I will propose to the Dean of The Geisel School of Medicine at Dartmouth that you be appointed as a Visiting [Assistant Professor/Associate Professor/Professor/Scientist] of DEPT. Your academic credentials will be reviewed and must be endorsed by the Dean, the Dean’s Academic Board, and the Provost of Dartmouth College. Additional information for faculty at Geisel can be found at the Geisel Faculty Handbook site (http://geiselmed.dartmouth.edu/faculty/fac\_info). This is a non-voting and non-renewable term position.

As a member of the academic community of Dartmouth College, you will have access to the Dartmouth Library system, including *UpToDate*. Your academic appointment will also provide you with a Dartmouth Name Directory (DND) account, which gives you email and other important online accesses. Additionally, your Dartmouth College photo ID card may qualify you for discounts from Dartmouth programs and facilities such as the Hanover Country Club, Hopkins Center for the Arts, Dartmouth Outing Club, Morton Farm, and the Dartmouth Skiway. Additional information for faculty at Geisel can be found at the Geisel Faculty Handbook site.

Your academic title at Dartmouth shall terminate effective at the end of your term of appointment as a visiting faculty member/scientist or earlier should your activities associated with this visiting position at Dartmouth change or end prior to the date above. In addition, your academic title may also be terminated for cause. If you no longer hold an academic position with the medical school, all privileges that are associated with this position (e.g., a DND account and access to Dartmouth’s libraries) will also terminate.

This appointment is contingent upon your ability to work in the United States. If you will require immigration sponsorship for your appointment at Dartmouth, you must obtain the appropriate visa status prior to starting your appointment. Our office will work with Dartmouth’s Office of Visa and Immigration Services (OVIS) to facilitate the sponsorship process.

The Immigration Reform Act of 1986 requires all employers to verify identity and eligibility for employment of all newly hired employees. Previous employment at Dartmouth College does not necessarily exempt you from this requirement. To ensure compliance with federal law, you must complete Section 1 of the Form I-9 no later than the first day of your appointment. Your department administrator can assist you with these forms. Dartmouth College is also a participant in E-Verify, an Internet-based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

As an employee of Dartmouth College, this appointment is also contingent upon your consent to a pre-employment background check with results acceptable under Dartmouth policy (<https://www.dartmouth.edu/~hrs/pdfs/background_check_policy.pdf>).

As a member of the Dartmouth College academic community, you will be expected to comply with Dartmouth’s rules and policies including, but not limited to, policies on the responsible conduct of research, patents, copyright and other intellectual property rights, conflict of interest, open dissemination of research findings, institutional diversity & equity (IDE), and sexual respect. Please be aware, too, that all individuals who hold academic titles at Dartmouth are required to complete an online training module on sexual respect. Information on this module and other relevant information can be found at <https://sexual-respect.dartmouth.edu>. During the course of your academic appointment, you may receive or become aware of confidential material, including employment information, financial data, medical information, trade secrets, and other non-public or proprietary information concerning Dartmouth College, its employees, its students, and its donors. Please be aware that the Dartmouth’s Confidentiality Policy prohibits the use and disclosure of this information, except as necessary to perform the requirements of your employment.

You are also expected to obtain any necessary training or certification required for your activities at Dartmouth including, but not limited to, those required by Environmental Health & Safety, the Animal Care and Use Committee, or the Committee for Protection of Human Subjects.

**Optional**: As you will carry out your research efforts in space located at the Lebanon site of Dartmouth Hitchcock Medical Center (DHMC), we ask that you also please read and understand the information related to their policies governing professional responsibilities and behavior.

Please note, 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. If funding for this position changes during any appointment period, your fractional FTE may be adjusted to meet that change in qualified support or your employment may be terminated. You will be provided a minimum of 30 days’ notice prior to termination of employment. Unless otherwise specified by the Dean of the Medical School, your academic title at Dartmouth shall terminate effective at the end of your employment.

NAME, we are delighted you will be joining us this [MONTH OF START DATE]. We anticipate that your work with us in [Area of Endeavor/Specifics of Project] shall be in advancing [FIELD] and we look forward to this fruitful collaboration.

Sincerely,

CHAIR’S NAME PI NAME (optional)

Chair, Department of DEPARTMENT NAME OF DEPARTMENT

On behalf of the Trustees of Dartmouth College

Please acknowledge your acceptance of the above offer by signing, dating, and returning the original letter by DATE.

By signing below, I indicate that I understand and agree with the contents of this letter and that I accept the offer in the Department of DEPARTMENT at the Geisel School of Medicine at Dartmouth.

Please sign, date, and return the original letter by [RESPONSE DATE].

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SIGNATURE (NAME) DATE