**Personal and Confidential**

ADDRESS

DATE

Dear NAME,

It is with pleasure that I send you this offer letter for a full-time/part-time, exempt position as a Postdoctoral Research Fellow at department/unit and/at Harvard Medical School. This offer is for a one-year appointment, beginning on DATE through DATE with the possibility of renewal depending on continued funding and satisfactory performance. The department will appoint you to Harvard Medical School as a Research Fellow.

I look forward to working with you on TOPIC(S) OF RESEARCH. ADDITIONAL DUTIES/RESPONSIBILITIES. The Postdoctoral Fellow position is intended to provide training to facilitate your transition to next stage of your career. In addition to your research, we expect you to participate in international conferences and publish conference and journal papers, to propose new directions and projects, assist in preparing research proposals, and to supervise and interact with graduate and undergraduate students. You may also have opportunities to assist with courses and to prep grant proposals.

Ahead of your one-year renewal date I look forward to a discussion of your achievements and progress during the first year and to working to set objectives for the following year. If it is determined that your performance is not satisfactory, your appointment may be terminated prior to your current end date.

Additional relevant information for the position, such as office/desk space, research allowance, travel allowance, Institute or Center affiliations and resources, etc.

*Compensation:*

PAID STIPEND POSITION (*use if fellowship is paid through Harvard and individual will receive a Harvard paycheck*) - - - - You will receive a monthly stipend of $XXXXX which annualizes to $XXXX. The University will not withhold taxes from your check, your fellowship payment

(plus institutional allowance) is taxable for Federal & Massachusetts income taxes. You will not receive a W2 or a 1099, as the University is not required to report or issue a formal tax document for fellowship amounts for U.S. citizens or residents. You can use the YTD amount from your December pay stub to prepare your personal tax return. (LINK TO POSTDOC OFFICE FACT SHEET)

Harvard University operates in an electronic payroll environment and offers employees the convenience of direct deposit. Your paycheck can be electronically deposited, as directed by you, into the US banking account(s) of your choice. Therefore, during your first week of employment please use PeopleSoft Employee Self-Service to enroll in direct deposit. Should your funding change throughout your appointment, please be aware that there could be tax and benefit implications.

*Benefits*:

In addition, you will be eligible for certain employee benefits, which will begin on your employment start date. You will be eligible for subsidized post tax benefits at Harvard, which include medical, dental, and vision insurance; life insurance; short term and long-term disability insurance. Harvard employee benefit plans require a contribution from participants for coverage. For information on rates for employee benefit costs, please reach out to benefits@harvard.edu and visit <http://hr.harvard.edu/benefits-enrollment>. Please note that you must enroll in benefits within thirty days of the start date of your appointment.

Full-time Postdoctoral Fellows are allowed 20 days of vacation per year (1.67 days per month). This time may not roll over from year to year, and there can be no payout of unused vacation time when an appointment ends. Please discuss your vacation and holiday plans with me in advance.

Optional - - INTERNATIONAL on J-1 visas: As a requirement of being on a J-1 visa, the US government requires J-1 and J-2 dependents to have health insurance while in the US. For additional information regarding this requirement please visit - <http://www.hio.harvard.edu/j-visa-regulations-regarding-health-insurance-requirements>.

*Work Authorization:*

In the event that you are offered additional role at Harvard that is considered a compensation role, additional documentation is required including a completed Form I-9.

In accordance with the Immigration Reform and Control Act, all new employees must provide documentation of eligibility to work in the United States. Prior to your starting work, you must complete the United States Citizenship and Immigration Services (USCIS) Form I-9 that Harvard is required to keep on file for all employees. Please note that your continued employment is contingent on maintaining employment authorization. Harvard is also an E-Verify employer and E-Verify authorization is required for each employee. You will need to bring the approved forms of identification to complete this I-9 form to your Academic Affairs Manager/department admin. Any delay in this paperwork or discrepancy in the documentation may affect your start date and when you receive your first paycheck.

Optional - - INTERNATIONAL: The Harvard International Office (HIO) helps individuals secure status in which to work at Harvard. If you need such assistance with visa sponsorship, please reach out to your Academic Affairs Manager/department admin which will coordinate with the HIO to help with the process of obtaining temporary visa status. If there is an unavoidable delay in securing your visa, your appointment dates may be adjusted by mutual agreement. We are obligated to mention, however, that any appointment at Harvard is contingent upon obtaining appropriate visa status and that the government is the final arbiter of all immigration-related cases.

*IP Policy:*

If you received or will receive your doctoral degree within one year of your appointment start date, please note that the Harvard Medical School Human Resource Office must receive official confirmation (copy of your diploma or a letter from your university confirming your degree) that you have completed all requirements for your doctoral degree prior to your appointment start date.

Policies and procedures –

* Harvard University Policies - <https://hr.harvard.edu/university-policies>
* Harvard University Data Management - <https://researchdatamanagement.harvard.edu/policies>
* Harvard Medical School Policies - <https://hr.hms.harvard.edu/working-hms/policies-procedures>
* Harvard Medical School Postdoctoral Fellow Office - <https://postdoc.hms.harvard.edu>
* Harvard Medical School Research Data Management: <https://datamanagement.hms.harvard.edu>

*RCR-Responsible Conduct of Research:*

As a postdoctoral fellow engaged in research at Harvard Medical School you are required to participate in Responsible Conduct of Research (RCR) training. The Division of Medical Ethics within Harvard Medical School holds a course annually. More details can be found on the website: <http://bioethics.hms.harvard.edu/rcr-responsible-conduct-research>. The website also provides information about other RCR courses in the area. Send an e-mail to RCR@hms.harvard.edu to be notified when the next series of sessions is scheduled.

*Cultural Activities:*

As a member of the Harvard community, you will have access to library and computer facilities, and you can purchase a membership for the Harvard recreational facilities. There will be cultural activities that you may participate in. Information about Harvard’s many cultural and intellectual resources can be found at (<http://news.harvard.edu/gazette/harvard-events>). Also available to you is Harvard University’s centralized site for ticketed events which you will be able to access by visiting (<https://outingsandinnings.harvard.edu>).

We are enthusiastic about having you join our group and are looking forward to working with you. If you have further questions about your appointment, please contact your Academic Affairs Manager/department admin name and email. Please convey your response to this offer in writing by contacting Academic Affairs Manager/department admin name and myself.

Sincerely,

Faculty Member/Hiring Manager

Title

CC: Academic Affairs Manager/department admin name

I have read this letter and accept the terms as stated in this letter:

Print First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_