FLORIDA ATLANTIC UNIVERSITY

RECOMMENDATION FOR FACULTY-LEVEL RESEARCH APPOINTMENT

_____

DATE: _____

ACTION REQUESTED:

☐ New Appointment ☐ Reappointment ☐ Change of Status ☐ Change of Dates

NAME: _____ *Z#* _____ *or SSN* _____

TITLE [1]*:* _____

COLLEGE / CENTER: _____ *DEPARTMENT:* _____

START DATE [2]*:* _____ *END DATE:* _____

SALARY [3]*:* _____ *LEVEL OF EFFORT (%):* _____

SOURCE OF FUNDS (FAU Account Number):

_____

DOCUMENTATION (must accompany this form):

- ☐ Resume / Vita (two copies)
- ☐ Departmental Report of Appointment
- ☐ Dean's Committee Report on Appointment (if required by the school)
- ☐ Draft Letter of Appointment
- ☐ Letter of Resignation and Waiver of Tenure Form (for faculty member changing to research appointment)

PATENT POLICY:

- ☐ The applicant has been informed that he/she is bound by the University Patent Policy.

RECOMMENDATION:

I recommend this appointment and certify that the proposed position is in accord with University policies. This appointment has received Department / Center approval through the process normal for a regular faculty member, and the Department/Center takes full responsibility for the appointee[4] *.*

_____	_____	_____	_____
Department Chair	Date	**Center Director**	Date
_____	_____	_____	_____
Dean	Date	**Vice President for Research**	Date

The completed form should be sent to The Division of Research, 777 Glades Rd., AD247., Boca Raton Campus. One copy will be sent to the initiating Dean's Office. Only then may the candidate be notified of this appointment.

[1] Title of the appointee will be Research Assistant Professor (9162: K1), Research Associate Professor (9161: K1) and Research Professor (9160:K1).

[2] Start date and end date must not extend past the corresponding dates of the source of funds. Any additional funds required shall be the responsibility of the Department/Center from funds other than those appropriated by the University.

[3] Appointments are for twelve months. Annual leave accrues at a rate of 6.769 hours biweekly.

[4] Full responsibility includes provision of facilities and equipment and may involve an obligation of salary as in item 2 above.

[Paid Appointment]

Date:

Name:
Address:
Zip:

Dear [**NAME**],

On behalf of**_____,** I am pleased to offer you an [a part-time] appointment as a Research [Assistant, Associate] Professor in the Department of effective from [date] to [date]. Your full-time equivalent salary base will be $[**AMOUNT**] prorated according to the number of hours in the grant. This offer is being made in conjunction with an award to the University by [**e.g., The National Science Foundation**]. This appointment can be renewed provided additional funds are made available under this award for an additional period. Please note that your service under this employment contract will cease on the date indicated and that no further notice of cessation of employment is required. Also note that under this appointment you are entitled to submit proposals as a principal investigator to sponsoring agencies for additional funding through Florida Atlantic University.

Your duties and responsibilities for this position will involve providing technical assistance to the Department of _____ on the recently funded grant. This is under the direction of _____ who will be responsible for your assignments and evaluation.

University policies pertain to faculty-level research appointees. These include but are not limited to the University Patent Policy, Policy on Faculty Conflict of Commitment and Conflict of Interest, Policy on Integrity in Research and Procedures for Reviewing Alleged Misconduct, Policy on Employment of Relatives and the Annual Leave Policy for Contract and Grant Employees. Research faculty must also comply with the recommendations and requirements of the University's compliance committees (IRB, IACUC, Research Safety, etc.).

The University is required to verify the highest degree held by each employee. Should you decide to accept this offer, you will expedite the appointment process by having the Registrar of your degree-granting institution mail an official copy of your transcript directly to me as soon as possible.

Please understand that this offer is contingent on your being legally authorized to work in the United States at Florida Atlantic University. If you agree to accept this appointment under the conditions stated, please sign and return this letter to me by _____.

The State of Florida requires that you sign and have notarized a loyalty oath and that your salary be paid through direct deposit to your banking institution. Federal law requires that all employees (including U.S. citizens) complete an I-9 for verifying their eligibility to work in the United States. This form must be completed during the employment sign–in process in the Department of Personnel Services. A list of acceptable documentation for this purpose is attached. These and other various documents will be explained to you in greater detail during the sign–in process. You may not begin work until the sign-in process has been completed.

Sincerely,

_____
Dean

_____ _____
Employee Date of Acceptance

cc: Department or Division Chair
Vice President for Research