Reappointment Letter Form --- Research Faculty

Date

Name

Address

Dear

The College of \_\_\_\_\_\_\_\_\_\_\_\_is pleased to renew your appointment as Research \_\_\_\_\_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for a \_\_\_\_\_\_\_\_\_ term (one to five years), renewable thereafter at the University’s discretion.

This appointment has research as its principal responsibility and is contingent upon your performance and your securing funds for your salary and benefits. In the event you do not secure funding, your employment will not continue beyond the time when funding is available. Should your employment not continue for any reason; your benefits will not continue beyond the last day of the month in which your employment ends unless you elect to continue them at your expense under the provisions of the COBRA.

The majority of salary support must be derived from external funds obtained by you. To facilitate research development, scholarship and administrative activities, the University will provide one month of your salary support, provided you are able to maintain funding of 0.65 FTE. Salary increases will be consistent with USNH and UNH personnel policy and based on your annual performance.

*(for academic year appointment)* In addition to your regular academic year salary and with the endorsement of the department chair and approval of the dean, you may be compensated during the summer from research grants and contracts.

Your responsibilities at the University will be to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(need to spell out source of fund for each type of activity – grant work, teaching, etc).* The department chair of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, subject to my approval, will determine your workload and will be responsible for evaluating your performance.

If you wish to accept this offer, please endorse this letter and return it to \_\_\_\_\_\_\_\_\_\_\_ before \_\_\_\_\_\_\_\_\_\_\_\_. Please call at any time if you have questions

Sincerely yours,

Professor and Chair Dean of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(and/or Institute Director)

I hereby accept this re-appointment and agree to abide and be bound by the terms and conditions set forth.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CC: \_\_\_\_, Dept. Chair

\_\_\_\_, HR Partner

\_\_\_\_, Finance Director

10/2023