DATE

Applicant’s name (address) (address)

Dear Name:

On behalf of the (dept) I am pleased to offer you a {quarter/third/half-time} appointment as a Research Assistant for the 2020-2021 Fiscal Year (FY), this appointment carries a minimum stipend of {$12,243/quarter time;

$16,160.76/third; $24,486 for half}. The term of the appointment is for Fiscal Year 2020-21 and begins on July 1, 2020 and the end date is June 30, 2021. You will receive all payments by direct deposit and you will need to sign up for direct deposit on the University of Iowa self-service web site: <https://login.uiowa.edu/uip/login.page?service=https://hris.uiowa.edu/portal/>.

***Describe job duties/expectations for position***

Your appointment carries a 100% tuition scholarship each semester based upon the Iowa Board of Regents resident graduate student tuition rate for the College of Liberal Arts and Sciences which can be found at [https://www.maui.uiowa.edu/maui/pub/tuition/rates.page.](https://www.maui.uiowa.edu/maui/pub/tuition/rates.page) You will also receive a fee scholarship for 50% (half) of the mandatory student fees as listed in the tuition and mandatory fee tables for fall and spring semesters.

The University contributes toward health and dental benefits for graduate assistants and their dependents. There are deadlines for enrolling in these plans. The University Benefits Office should be contacted for additional information regarding benefits associated with this appointment at the following link: <https://hr.uiowa.edu/benefits/ui-student-insurance> University insurance contributions will start the first of the month after our appointment and submission of an initial insurance application.

All new Research Assistant must complete sexual harassment prevention training by **the 8th week** of the first semester of employment. In Fall 2020, the final date for completion of the training is Friday, October 16th.

You are required by federal law to complete an I-9 form to verify your eligibility for employment. The University expects this form to be completed prior to the start of your employment, whenever possible, or on the day you begin work. Please be prepared to present the documents necessary to complete this form and confirm your eligibility (see  [https://hr.uiowa.edu/immigration/i-9-information](https://hr.uiowa.edu/support/faculty-and-staff-immigration-services/i-9-information). In the meantime, if you have questions regarding your appointment and/or included benefits, please contact me at j-doe@uiowa.edu, 319-335-xxx or Professor (insert DGS) at j-doe@uiowa.edu, 319-335-xxx.

By my signature accepting this appointment, I hereby assign any future Intellectual Property to the University as a condition of my employment and consistent with all of the provisions of the University of Iowa Intellectual Property Policy or related policies. Please refer to [https://opsmanual.uiowa.edu/administrative-financial-and-](https://opsmanual.uiowa.edu/administrative-financial-and-facilities-policies/university-iowa-intellectual-property-policy) [facilities-policies/university-iowa-intellectual-property-policy.](https://opsmanual.uiowa.edu/administrative-financial-and-facilities-policies/university-iowa-intellectual-property-policy)

Graduate teaching and research assistant appointments or employment terms and conditions are governed by the University Operations Manual, Graduate College and Department policies, (see <https://opsmanual.uiowa.edu/>and <https://www.grad.uiowa.edu/graduate-assistant-employment>) and, regarding base wages, a collective bargaining agreement between the Board of Regents, State of Iowa and UE local 896/COGS.

Please let me know as soon as possible, but no later than (DATE), whether you accept this offer. If you do accept, I ask that you sign and return one copy of all the pages of this letter and the attachment to (Director’s name) at emailaddress@uiowa.edu as a pdf file or by regular mail to the University of Iowa Campus address | Iowa City IA 52242.

Sincerely,

Name Director, Org

# I ACCEPT THIS GRADUATE ASSISTANTSHIP APPOINTMENT UNDER THE TERMS DESCRIBED ABOVE.

**Signature of Candidate: Date:**