**Perelman School of Medicine**

**TERMINAL APPOINTMENT LETTER --**

***For candidates completing their third year in a fulltime position***

**Instructor or Research Associate (Fulltime)**

*DATE*

*NAME & DEGREE*

*DEPARTMENT*

*ADDRESS*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Following the evaluation of your last year’s performance, I am pleased to offer you reappointment to the position of *(insert title:* **Instructor or Research Associate - Fulltime***)* in the Department of (*name of department*). I look forward to continuing our work together on *(description of projects, responsibilities, and functions).*

Your reappointment will be effective on *(DATE)*. This is a terminal appointment, based on satisfactory performance and availability of funding during that time period. **This reappointment is for one year only.** Current university policy states that individuals in the full-time position of *(insert title:* **Instructor or Research Associate )** is limited to three consecutive years, except where additional appointments are approved by the Provost ( <https://catalog.upenn.edu/faculty-handbook/ii/ii-b/> ).

*(Use one of the following statements to address source of funding):* You will be supported on my grant number *(insert grant number)* at an annual rate of *(insert annual amount)*, to be paid in accordance with the payroll schedules of the University of Pennsylvania and prorated for the time period worked. This grant runs from *(insert grant begin date and end date).* ***OR***You will be supported by discretionary funds at an annual rate of *(insert annual amount),* to be paid in accordance with the payroll schedules of the University of Pennsylvania and prorated for the time period worked.

You may continue with your existing health and welfare coverage or you may wish to change during the open enrollment. If you have any questions about your benefits, you can contact the [PENN Benefits Center](https://www.hr.upenn.edu/PennHR/benefits-pay) at 1-888-736-6236 (1-888-PENNBEN).

*If applicable:*

*(FOR FOREIGN CANDIDATES)*  **This reappointment is contingent upon having a valid visa** and it is your responsibility to ensure that you are in compliance with U.S. Citizenship and Immigration Services (USCIS) policies. Please contact the University’s [International Student & Scholar Services (ISSS)](https://global.upenn.edu/isss) office at <https://global.upenn.edu/isss> immediately so that any visa issues may be addressed. Reappointment and payroll documentation cannot be processed until you have presented ISSS approval.

Please sign this letter to indicate your acceptance of the terms of your appointment and return it to me by (*DATE*). I look forward to continuing our work together.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of Department Faculty Supervisor or PI

**I accept this offer as outlined above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Name & Degree (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

CC: Department Faculty Coordinator

 Department Business Administrator

Revised: 7.2020