



Date,

Applicant Name

Applicant Address

Applicant Address

Dear Applicant Name:

I am pleased to offer you an appointment with the Humboldt State University Sponsored Programs Foundation as a **JOB TITLE** on **Project Name** beginning **POSITION START DATE**. This is a **full-time/part-time** position with an hourly rate of \$ **HOURLY WAGE** (plus medical and other benefits if applicable). Your supervisor will be **PRINCIPAL INVESTIGATOR NAME**. They can be reached at **PI PHONE NUMBER** or **PI EMAIL ADDRESS**. Your employment with Sponsored Programs Foundation is At-Will, meaning you or Sponsored Programs Foundation may terminate the employment relationship at any time, with or without cause. By accepting this position, you must provide proof of your identity and work authorization as required by the Immigration Reform and Control Act of 1986.

In your new position, you are expected to 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_.

On or before your first day of employment, it is necessary for you to check-in at the Sponsored Programs Foundation Office in Student Business Services (SBS) Room 427 to complete the necessary paperwork. The office is open Monday-Friday from 8a.m.-12p.m. and 1p.m.-5p.m. In order to complete the new employee sign-up documents, it will be necessary for you to complete the I-9 process. This will necessitate providing at least one form of government issued identification. A list of acceptable identification can be found on page 9 of the I-9 form, [here](#).

The Sponsored Programs Foundation and I look forward to your contribution on this project. Please bring a copy of this letter with you to the SPF office. The staff will need the following information to complete your appointment: Project Name **PROJECT NAME** and Project Number **PROJECT NUMBER**

Sincerely,

**NAME**

**TITLE**