

HUMBOLDT STATE UNIVERSITY

Request for Research Associate Status

Excerpt from the HSU Faculty Handbook

504 RESEARCH ASSOCIATES

A Research Associate is envisioned as an individual who is a productive researcher and grants person. He or she would come to the University with external funding (grants, contracts, etc.) and would be provided with space on the campus. A close, physical working relationship between the Research Associate and the departmental faculty, students, and staff is clearly one of the objectives. While the University would provide laboratory space, it would not provide a salary or fringe benefits. The individual, if paid by grants through HSU, would be paid through HSU Sponsored Programs Foundation's payroll process.

The duties of the Research Associate are to serve as a colleague and as a resource for the department and for others in the college; to conduct research during their residency here; to prepare funding proposals; to be involved in the supervision of graduate student research; to serve as a resource for undergraduates, including lecturing in classes and giving seminars; and to advise students on careers in research, getting into graduate school, and job placement. Any grant or contract proposed would be submitted via Humboldt State University Sponsored Programs Foundation, would follow the University's institutional routing procedure, and would have a member of the University's faculty as a co-investigator.

The benefits that will derive from these individuals include enhancement of the research reputation of the department, college, and university; the likelihood of additional funds for equipment, clerical and technical support, and overhead for the HSU Foundation; the financial support of advanced undergraduate and graduate students; and a subjective, but very important aspect of providing a positive role model. There are costs, but they are relatively minor. Suitable office and laboratory space should be provided, as well as telephone and computer hook-up. The Research Associate will require University Library privileges and be permitted to purchase a parking permit. He or she must also be eligible to apply for HSU Sponsored Programs Foundation grants (supported by grant income), but only when the research project involves students.

The Research Associate is expected to have a terminal degree or equivalent and to have a record of productive scholarship or creative activity and successful fund raising. After being nominated for the position, a favorable vote by a majority of the departmental faculty is required to send a name forward. The designation of individuals as Research Associate is by action of the Provost on the recommendation of the college personnel committee and endorsement of the college dean. The term of appointment should be one to five years and may be renewed.

For protection of both parties, a Volunteer Appointment Form will be filed annually, and will include teaching load information for each semester, if applicable.

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Research Associate Authorization Form

1. **CANDIDATE:** I have reviewed section 504 of the Faculty Handbook and agree to fulfill all requirements and administrative policies associated with my Research Associate Status during the term of my appointment.

Candidate's CV Attached:

Candidate Name

Candidate Signature

Date Signed

2. **DEPARTMENT:** I have reviewed this candidate's qualifications, and confirm our Department's support and approval of their request to become a Research Associate.

Approval from IUPC Attached:

Department Chair Name

Department Chair Signature

Date Signed

3. **COLLEGE:** I have reviewed this candidate's qualifications and confirm our College's support and approval of their request to become a Research Associate.

Approval from CPC Attached:

College Dean Name

College Dean Signature

Date Signed

4. **ACADEMIC PERSONNEL SERVICES:** We have reviewed the Department & College support for this candidate and confirm final approval of their Research Associate Status.

Appointment Letter Attached:

Academic Personnel Services

APS Signature

Date Signed

DEPARTMENT: _____

RA EXPIRATION DATE: _____