

**Please visit the DOR website to obtain the Postdoc J-1 Template.**

**Do not use this template for J-1 Post-doc position.**

**Template for J-1 Exchange Visitor Only**

**J-1 visa holders paid or unpaid: Updated 10/2020**

**[Print on department letterhead. Include department signature and exchange visitor signature]**

Date

Exchange Visitor Name

Exchange Visitor Address

Dear XXXXX

On behalf of [Name of Department], I am pleased to extend your program participation as [Department Position Title or "Visiting Scholar"] under the Nonimmigrant J-1 visa category of a [Professor, Research Scholar, Short-term Scholar or Intern] at Florida Atlantic University. This is a non-tenured, non-tenure earning appointment effective for the period of [Start Date of Program] to [End Date of Program]. This offer is contingent upon the successful completion of a background check, and obtaining appropriate work authorization.

Continued participation at Florida Atlantic University's J-1 Visa Exchange Visitor Program is contingent upon satisfactory performance, allocation of appropriate resources which may include, but not limited to, grant funds, personnel resources, etc. and as determined by [Name of Department]. Program dates are subject to change as needed, and this appointment offer as a participant in FAU's J-1 Visa Exchange Visitor Program may be withdrawn at any time if the sponsoring FAU department is unable to support the program activities.

#### **UNIVERSITY POLICIES**

Please be aware that all University regulations and policies pertain to this appointment. These regulations and policies include, but are not limited to, the Intellectual Property Policy, Personnel and Employment Policies, Policy on Faculty Conflict of Commitment and Conflict of Interest, Policy on Integrity in Research and Procedures for Reviewing Alleged Misconduct and policy and procedures related to the ethical use of humans and animals in research.

#### **PROGRAM ACTIVITIES**

Your program activities will consist of [Insert detailed program activities]. This work will be performed under the supervision of [ add name of supervisor/mentor]. You will be provided with [ office space, phone services, clerical support, computer service, etc.]. This appointment does not include participation privileges in the departmental, college or university governance process.

#### **APPLICABLE FEES**

Fees and expenses related to your visa are your responsibility which include, but may not be limited to, SEVIS fee and visa application fee(s).

[ If fees will be charged to the exchange visitor, detail them here (i.e., program fees, background check fee, use of materials, lab fees, etc.).

**OFFICIAL TRANSCRIPTS REQUIREMENT** [If instruction of Students as Part of Appointment or if required by the Department/Position held. Remove if not applicable.]

The University is required to verify the highest degree held by each employee prior to the start of employment. Should you decide to accept this offer, you will expedite the appointment process by having the Registrar of your degree granting institution mail an official copy of your transcript directly to me as soon as possible. If your degree is from outside the United States, a transcript evaluation from an organization belonging to the National Association of Credential Evaluation Services (NACES), with an indication of the documents the evaluation was prepared from (official transcript, diploma, dissertation abstract) is also required. According to the Provost's policy on [Qualification of Instructors](#) and FAU's [Credentialing Manual](#), you must be fully credentialed prior to the start of your appointment.

## **FUNDING**

### **[Unpaid Appointments]**

This is an unpaid appointment. The regulations governing the Exchange Visitor Program require that Florida Atlantic University verify that you have sufficient funds to cover the period of your stay in the United States. Proof of funding must be provided in English and in US dollars. For an outline of the financial requirements, please refer to the funding requirement section of the DS-2019 Application Request Packet. It is our understanding that you will provide proof of funding that will be used to cover all the expenses during your stay. Expenses may include, but are not limited to your travel, food, housing, transportation, and insurance.

### **[Paid Appointments]**

This is a paid appointment. The regulations governing the Exchange Visitor Program require that Florida Atlantic University verify that you have sufficient funds to cover the period of your stay in the United States. You will receive a salary of [ enter salary amount] to be paid bi-weekly. A factor of 26.1 is used to annualize the biweekly salary. This position is classified as [Select one: Administrative, Managerial and Professional (AMP), Support Personnel (SP), Temporary/OPS positions].

If the amount of funds stated in this letter are not enough to cover the funding requirements under the Exchange Visitor Program, you will be notified, and you will be asked to provide proof of additional funding. For an outline of the financial requirements, please refer to the funding requirement section of the DS-2019 Application Request Packet. Exchange visitors must support expenses that include, but not limited to travel, food, housing, transportation, and insurance.

## **HEALTH INSURANCE, MEDICAL EVACUATION AND REPATRIATION OF REMAINS COVERAGE.**

The U.S. Department of State requires that all participants, J-1 and J-2 visa holders, of the Exchange Visitor Program have the following three policies: (1) Medical Health Insurance Policy, (2) Medical Evacuation Policy, and (3) Repatriation of Remains Policy to be effective at the start of the J-1 program continuing to the end of the J-1 program.

This insurance requirement applies to all J-1 visa holders and J-2 dependents that are issued a DS-2019 Certificate of Eligibility for Exchange Visitor Status of a J-nonimmigrant visa. It will be the responsibility of the J-1 visa holder to ensure that the appropriate insurance policies are purchased and kept in valid status for the entire duration of the FAU program. Failure to carry the appropriate insurance is cause for termination of the FAU program. Purchasing the required policy can take place after your visa has been issued. Please be prepared to email proof of your insurance policy to the Office of International Employee and Scholar Services or to your sponsoring FAU department.

#### **BACKGROUND CHECK CONTINGENCY**

This offer is contingent on the successful completion of pre-appointment screening process. Please monitor your email account for a message from HR Recruitment Services and from [customersupport@hireright.com](mailto:customersupport@hireright.com) to complete an online application for a background check screening.

#### **WORK AUTHORIZATION CONTINGENCY**

This employment offer is contingent on meeting all work authorization requirements and regulations of the Immigration Reform and Control Act of 1986, and applicable immigration laws. Federal Law requires that all employees have authorization to work in the United States. If you require an employer-sponsored nonimmigrant work visa, you are required to obtain work authorization issued by U.S. Citizenship Immigration Services and the U.S. Department of State authorizing you to work specifically for Florida Atlantic University

J-1 visa holders must have a valid DS-2019 for Florida Atlantic University, and obtain the appropriate J-1 status admission into the United States with an I-94 Arrival/Departure Record.

All employees must satisfy the requirements of the Immigration Reform and Control Act of 1986, which requires documents to prove the employee's identity and demonstrate that the employee is authorized to work in the U.S., and to complete an Employment Eligibility Verification form (Form I-9). Future employment status at Florida Atlantic University, for all employees, is contingent upon your eligibility to work under the provisions of Immigration Reform and Control Act of 1986, and all immigration laws and regulations.

[ add department contact name and email address if different than signatory] can assist you with any additional questions you may have.

If you agree to accept this appointment under the conditions stated above, please sign and return this letter to [ add department contact name and email if different than signatory] no later than [ add date].

Sincerely,

[ add department signatory name and title]

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[add name of Exchange Visitor]

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Date of Acceptance

Cc: (Departments must identify appropriate individuals/department to include. For example, supervisor's name/title, Daniel Flynn, Vice President for Research, other department/school/center/institute supervisor, etc.)