Northwestern University
Recommendation for Faculty-Level Research Appointment

This form must be approved at the department and school or center level(s) before being submitted to the Office of Research Operations and Planning. An executed copy of this form will be returned to the initiating Dean's office; only then may the candidate be notified of the appointment.

Name _____ **Citizenship** _____
Last *First*

School/Center _____ **Department** _____

Employee ID # _____

Title Requested (Job Code):
☐ Research Assistant Professor, 100066
☐ Research Associate Professor, 100212
☐ Research Professor, 100686
☐ Senior Research Investigator, 103075

Action Requested:
☐ New appointment
☐ Reappointment
☐ Promotion
☐ Salary change
☐ Change of Dates

Time:
☐ Full time
☐ Part time, %= _____

Appointment start date[1] _____ **Appointment end date** _____
Contract period [2] **11 months**

Salary paid by NU: $_____/month _____/Yr
Source of funds:
University funds: _____
Sponsored funds: _____
_____

Support not administered through NU
$_____
Sponsoring Entity (attach documents):
_____
*Affiliated organization (i.e., NMH, ENH)
_____

Current CV: Required for all new appointments and promotions and any reappointment being made three years or more after prior appointment.

☐ **All Research Faculty are bound by the University Patent and Conflict of Interest Policy. The applicant has been informed that he/she is bound by the University Patent and Conflict of Interest Policy and has been provided with a copy of the Faculty Research Appointment Policy and the Research Faculty Handbook.**

RECOMMENDATION: *I recommend this appointment and certify that the proposed position is in accord with University policies. This appointment has received Department/Center approval per the usual process of recommendation for a regular faculty member, and the Department/Center takes full responsibility for the appointee.*[3]

_____ _____
Sponsoring Principal Investigator Date Department Chair or Center Director Date

_____ _____
Dean Date Office of Research Date

Prepared by: _____ Date _____ Telephone_____ Fax _____
Please PRINT your name

A full copy of the Research Faculty Appointment policy may be found at:
http://www.research.northwestern.edu/policies/research-appointments/

[1] Start and end dates must not extend past the corresponding dates of the source of funds. Any additional funds shall be the responsibility of the department/center.
[2] Appointments normally are for 11 months with salary paid over 12 months, allowing one month of unpaid leave per year. Department should confirm school policy with their dean's office.
[3] Full responsibility includes provision of facilities and equipment, and may involve an obligation of salary, benefits and health insurance claims.