Northwestern University
Recommendation for Research Staff Appointment

This form must be approved at the department and school or center level(s) before being submitted to the Office of Research, Planning, Finance and Communications. 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 Associate, 100011
- ☐ Research Associate (Non-exempt BIR), 103013
- ☐ Senior Research Associate, 100087
- ☐ Senior Research Associate (Non-exempt BIR), 103014
- ☐ Clinical Research Associate, 103258
- ☐ Clinical Research Associate (Non-exempt BIR), 103015
- ☐ Senior Clinical Research Associate, 104576
- ☐ Senior Clinical Research Associate (Non-exempt BIR), 104577
- ☐ *Research Affiliate, 103074
- ☐ Visiting Scholar, 100007
- ☐ Visiting Predoctoral Fellow, 100016

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

Action Requested:
- ☐ New appointment
- ☐ Reappointment
- ☐ Change of Title/Promotion
- ☐ Change of Dates
- ☐ Change of Salary, Effective date_____
- ☐ Other:_____

Appointment start date[1] _____ **Appointment end date** _____

Salary paid by NU: $_____/month _____/Yr
Financial Aid/Scholarship provided $_____
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.
Insurance requirements: Research appointees are governed by the insurance requirements as outlined in the research staff and appointment policy.

☐ **All research appointees 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 Research Staff and Visitors Appointment Policy.**

RECOMMENDATION: *I recommend this appointment and certify that the proposed position is in accord with University policies. This appointment has received Department/Center approval, and the Department/Center takes full responsibility for the appointee.*[2]

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

_____ _____
Dean Date | Office for Research Date

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

A full copy of the Research Staff 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] Full responsibility involves provision of facilities and equipment, and may involve an obligation of salary, benefits and heath insurance claims.