



Postdoctoral Scholar Appointment Change Form

Handwritten forms will not be accepted. They will be returned to preparer.

Complete Box 1 & Box 6. Complete Box 2, Box 3, Box 4, or Box 5 only if changes are required in that Box.

1. Current Postdoctoral Scholar Information

Name _____
First MI Last

Title _____ Home Dept _____

Faculty Sponsor(s) _____

Start Date _____ End Date _____ Emp ID# _____

Citizenship _____ (If Foreign National, complete Section 4.)

Funding Source(s) _____ (grant/project # only)

2. Status Change(s) (indicate changes only)

Pay Rate* _____ Justification _____
*Note new pay rate in Section 5.

Leave of Absence _____ Justification _____
 Paid Unpaid Start _____ Return _____

Early Termination _____ Justification _____
 Last Day at Brandeis _____

Notes _____

3. Appointment Changes (indicate changes only)

Title _____ Home Dept _____

New Start Date _____ New End Date _____ †

†Requires Budget/FinAff signature if dates are extended, even if funding source is not changing.

Funding Source(s)

T32 (PI on T32: _____)	International agency †	Other Grant Funding (Fund 15/16)
F32	Foreign Government †	Other University Funding
Other Individual Fellowship †	HHMI †	†Attach terms of award/appointment

Reappointment _____ Revision _____
 Faculty Sponsor(s) _____

4. Visa (applicable only for Foreign National appointees with reappointments or revisions to dates of appointment)

Current Visa Status _____ Expiration Date _____

Exact activity to be engaged in _____

Dependents[§] (applicable only if new dependents are arriving or require new visa documents to return to the US)

Name	Relationship	Date of Birth	City & Country of Birth	Citizenship	Arrival
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

§Contact ISSO if Scholar will be inviting dependents to the US for the first time or if dependents have been abroad and require new visa documents to return to the US.

5. Payment Change(s) (indicate changes only)

FTE Status _____ Annual Amount \$ _____

If only change is to the chartstring, do not use this form; use PLDCN.

Acct	Fund	DeptID	Program	Grant	or	Project	%
_____	_____	_____	_____	4-	or	800	_____
_____	_____	_____	_____	4-	or	800	_____
_____	_____	_____	_____	4-	or	800	_____
_____	_____	_____	_____	4-	or	800	_____

Percentage **must** total 100%

6. Signatures

 Faculty Sponsor _____ Date _____

 PI on Grant (if different than Faculty Sponsor) _____ Date _____

 Department Head _____ Date _____

 Department Budget Manager _____ Date _____

 Budget & Planning (if University Funds) – &/OR – Financial Affairs (if Grant Funds) _____ Date _____

 Office of the Provost _____ Date _____

Preparer _____ Date of Preparation _____

Ext. 6- _____ Email _____@brandeis.edu

Supporting Documents Attached

Fellows' FICA Eligibility Checklist (if applicable)

Terms of Award (if applicable)

HR Use ONLY

FICA Exempt _____ FICA Eligible _____ Employee ID _____

Entered by _____ Date _____ Empl Rec # _____

Audited by _____ Date _____ Position # _____