



## 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

### 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<sup>§</sup> (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 # \_\_\_\_\_