



Postdoctoral Scholar New Appointment Form

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

1. Postdoctoral Scholar

Name _____
First MI Last

Mailing Address _____

City _____ State _____ Zip _____

Country _____ Date of Birth _____

Email _____

Phone _____ Fax _____ Gender M F

Citizenship _____ (If Foreign National, complete Section 3.)

2. Appointment

Title _____ Home Dept _____

Faculty Sponsor(s) _____

Start Date _____ End Date _____

Funding Source(s)

T32 (PI _____)	Other Individual Fellowship*
F32	International agency *
Other Grant (Fund 15/16)	Foreign Government*
Other University Funding	HHMI*

*Attach terms of award/appointment

3. Visa (applicable only for Foreign National appointees)

Position & Institution in Home Country

City & Country of Birth _____

Country of Permanent Residence _____

Exact Nature of Scholar's Activity to be Engaged in at Brandeis

Is Scholar currently in the US? _____
(If yes, Visa Status _____ Expiration _____ . Attach copy of Visa.)

Has Scholar been in J-1 or J-2 status during the last 24 months? _____
(If yes, attach all copies of Form DS-2019 &/or IAP-66s from previous programs)

Has Scholar ever been in H-1B or H-4 visa status? _____
(If yes, attach copies of all Form I-797A Approval notices issued for H-1B or H-4 status)

Has Scholar ever filed, or someone filed on their behalf, an application for U.S. Permanent Residency (Green Card)? _____
(If yes, attach copies of all documentation related to the filing and status of the application)

Dependents

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

See ISSO website for instructions and additional requirements for H-visas. Attach copy of passport identity page (displaying full name, date of birth, photo, passport #, issue/expiration date)

4. Payment

Semi-Monthly Pay Frequency

FTE _____		Annual Amount \$ _____		HHMI _____	
Acct	Fund	Dept ID	Program	Grant or Project	%
_____	_____	_____	_____	4- _____ or 800	_____
_____	_____	_____	_____	4- _____ or 800	_____
_____	_____	_____	_____	4- _____ or 800	_____
_____	_____	_____	_____	4- _____ or 800	_____

Percentage must total 100%

5. Signatures

_____	Date _____
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	

Preparer _____ Date of Preparation _____
Ext. 6- _____ Email _____@brandeis.edu

Supporting Documents Attached	Notes:
CV	
Proof of Degree	
Letters of Recommendation: 1 2 3	
ISSO Attachments & Copy of Passport (if applicable)	
Fellows' FICA Eligibility Checklist (if applicable)	

Human Resources Use ONLY			
Funding	Univ/Capital	Grant	Employee ID _____
FICA	Exempt	Eligible	Position # _____
Entered by _____	Date _____		Empl Rec # _____
Audited by _____	Date _____		SSN _____