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 for Research. 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.
The International Office should be contacted early in the appointment process for any foreign nationals.

Name _____ **Employee ID #**_____
Last ***First***

Title Requested (Job Code):
☐ Research Associate, 100011
☐ Research Associate (Non-exempt BIR), 103208
☐ 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
☐ Post-Baccalaureate Research Fellow, 105139

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

Action Requested:
☐ New appointment
☐ Reappointment ☐ Rehire
☐ Change of Dates
☐ Change of Salary, Effective date_____
☐ Change of Title/Reclassification/Promotion
└▸Current Title_____
☐ Other_____

School/Center _____ **Department** _____

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

Salary paid by NU: $_____/month _____/Year

Source of funds: University: _____ Sponsored: _____
_____ _____
_____ _____

Current CV: Required for all new appointments and promotions and any reappointment being made three years or more after prior appointment.
Insurance/benefits: Eligibility for benefits varies based on employment classification. Information may be found at http://www.northwestern.edu/hr/benefits/index.html
E-Verify/I-9: To comply with Federal Law, the E-Verify I-9 must be completed by all new hires and individuals who receive employment-related payments. The E-Verify I-9 is not required for unpaid appointments. Policy may be found at http://www.northwestern.edu/hr/payroll/e-verify/

☐ **The appointee has been informed that s/he is bound by the *Patent and Invention Policy* and the policies on *Research Misconduct*. The appointee has also been informed that s/he is subject to all policies, procedures and benefits as set forth in the *Human Resources Staff 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, 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: _____ Telephone_____E-mail_____@
Please PRINT your name Date

A full copy of the Research Staff and Visitor 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.