

## Northwestern University Recommendation for Research Visitor 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

Citizenship \_\_\_\_\_ **Declaration of citizenship is required for all visitors; foreign national will be screened against U.S. government "Entity Lists" prior to approval of appointment.**

Associated with/ sponsored by \_\_\_\_\_

Compensation not administered through NU: \$ \_\_\_\_\_

**Title Requested (Job Code):**

Research Affiliate, 103074  
 Visiting Scholar, 100007  
 Visiting Pre-doctoral Fellow, 100016

**Action Requested:**

New appointment  
 Reappointment  
 Change of Dates  
 Change of Salary, Effective date \_\_\_\_\_  
 Other \_\_\_\_\_

**Time:**

Full time Part time, %= \_\_\_\_\_

School/Center \_\_\_\_\_

Department \_\_\_\_\_

Appointment start date<sup>1</sup> \_\_\_\_\_

Appointment end date \_\_\_\_\_

Salary (Financial Aid/Scholarship provided) 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 requirements:** Research visitor appointees are governed by the insurance requirements as outlined in the Research Staff and Visitor policy.

**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.html>

All research appointees are bound by the [Patent and Invention Policy](#) and [Conflict of Interest Policies](#). The applicant has been informed that he/she is bound by the Patent and Invention policy and Conflict of Interest Policies 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.*<sup>2</sup>

\_\_\_\_\_  
 Sponsoring Principal Investigator Date

\_\_\_\_\_  
 Department Chair or Center Director Date

\_\_\_\_\_  
 Dean Date

\_\_\_\_\_  
 Office for Research Date

Prepared by: \_\_\_\_\_  
 Please PRINT your name Date

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_@

A full copy of the Research Staff Appointment policy may be found at: <http://www.research.northwestern.edu/policies/research-appointments/>

<sup>1</sup> 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.

<sup>2</sup> Full responsibility involves provision of facilities and equipment, and may involve an obligation of salary, benefits and health insurance claims.