

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 Country of Citizenship _____

Title Requested (Exempt Monthly - Job Code):

Research Associate, 100011
Senior Research Associate, 100087
Clinical Research Associate, 103258
Senior Clinical Research Associate, 104576

Title Requested (Non-Exempt Hourly - Job Code):

Post-Baccalaureate Research Fellow, _____
Research Specialist, _____

Action Requested:

New appointment
Reappointment Rehire
Change of Dates
Change of Salary, Effective date _____
Change of Title/Reclassification/Promotion
↳ Current Title _____
Other _____

%Full Time/ Weekly Standard hours:

Full time Part Time, %FT _____; Weekly Standard hours: (for Non-Exempt only) _____ hrs/week

School/Center _____ Department _____

Appointment start date¹ _____ Appointment end date _____

Salary paid by NU: \$ _____ /Hourly or Monthly _____ /Annually
(Annual Paid Salary **not** Annual FTE Salary)

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 _____
PRINT Name

Department Chair or Center Director _____ Date _____
PRINT Name

Dean _____ Date _____
PRINT Name

Office for Research _____ Date _____
PRINT Name

Prepared by: _____ Date _____
PRINT name

Telephone _____ e-mail _____ @northwestern.edu

A full copy of the Research Staff 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 health insurance claims.