Northwestern University
Recommendation for Faculty-Level Research Appointment

This form must be approved at the department and school or center level(s) before being submitted to the Office of the Provost. 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 Assistant Professor, 100066
☐ Research Associate Professor, 100212
☐ Research Professor, 100686
☐ Senior Research Investigator, 103075

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

Action Requested:
☐ New appointment
☐ Reappointment
☐ Change of dates
☐ Salary change Effective date_____
☐ Change of Title/Reclassification/Promotion
↳ Current Title _____
☐ Other_____

School/Center _____ **Department** _____

Appointment start date[1] _____ **Appointment end date** _____
Contract period [2] _____ **months**

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

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

Compensation not administered through NU (Required for unpaid appointment): $ _____
Sponsoring Entity (attach documents) or Affiliated organization (i.e., NMH): _____

Current CV: Required for all new appointments and promotions and any reappointment being made three years or more after prior appointment.
Insurance/benefits: Additional information regarding benefits eligibility can be found on the HR Benefits website: http://www.northwestern.edu/hr/benefits/eligibility/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.html

☐ **All Research Faculty 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 has been provided with a copy of the Faculty Research Appointment Policy and the Faculty 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 per the usual process of recommendation for a regular faculty member, and the Department/Center takes full responsibility for the appointee.*[3]

_____ _____
Sponsoring Principal Investigator Date | Department Chair or Center Director Date

_____ _____
Dean Date | Office of the Provost[4] Date

Prepared by: _____ Telephone_____E-mail_____@
Please PRINT your name Date

A full copy of the Research Faculty Appointment policy may be found at: http://www.orfa.northwestern.edu/policies-and-forms/

[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] Department should confirm school policy with their dean's office.
[3] Full responsibility includes provision of facilities and equipment, and may involve an obligation of salary, benefits and health insurance claims.
[4] Forms should be sent to facultyrecords@northwestern.edu for Office of the Provost signature.