

REQUEST FOR NON-FACULTY RESEARCH APPOINTMENT

(To be completed to initiate appointment of selected non-faculty research personnel)

To be completed by Principal Investigator. Complete (please type), sign and return this form to the Provost's Office. A curriculum vita must be attached.

Date of Request: _____ ID No.: _____

Name: _____ Department: _____
Last First Middle

Address: _____

Title: Post Doc Fellow Research Associate Research Scientist Research Engineer Visiting Scholar

Appointment Duration (check one):
Less than 3 months
More than 3 months but less than 9 months
9 months or more

Appointment Dates: From: _____ To: _____

Salary: \$ _____ per month x _____ months = \$ _____ for appointment period.
(Note: Negotiated benefit rate plus indirect costs will be charged to the grant from which the salary is paid.)

FOAPAL	Department / Grant Name	Percent	Position #

Health Insurance Coverage - required by anyone appointed at WPI. Please check insurance coverage option selected:

- Existing health coverage (Letter from insurance or sponsoring agency confirming coverage required)
- Provided by sponsoring agency (Letter from insurance or sponsoring agency confirming coverage required)
- To be covered by WPI group health plan (Requires employee co-pay)

Is the candidate a non-resident alien? Y N

If yes:

Country of Citizenship: _____ Country of Birth: _____

City of Birth: _____ Date of Birth: Month _____ Day _____ Year _____

Sex: Male Female

If the candidate is currently in the United States:

Date of Arrival: _____ I-94 Number: _____

Current Non-Immigrant Status: _____

Location of U.S. Consulate to be Notified (H1 only): _____

If sponsoring agency will provide visa documents, please have agency forward letter to Provost's Office.

Name and address of agency: _____

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Approval Signatures:

Principal Investigator: _____ Date: _____

Department Head: _____ Date: _____

Division Head: _____ Date: _____

5/99 **Copy to:** ___ PI ___ Dept ___ Assoc Provost