

EXTENSION REQUEST FOR EXISTING NON-FACULTY RESEARCH PAID APPOINTMENT

Complete, obtain signatures through accounting and send to Camille@wpi.edu.

(If a new hire, follow the Workday hiring process.)



If an International Non-Degree Student or an International Visiting Scholar, Go to <https://www.wpi.edu/offices/talent/forms>

Date of Request: _____ Initiated by: _____ PI/Faculty: _____

Department: _____ Dept Contact Email/Tele _____

Name: _____ Sex: Male Female

Last First MI

Address: _____

Email: _____

Is this Candidate a Non-Resident Alien? Y N **If yes:** Country of Citizenship: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

If currently in US, Date of Arrival: _____ I-94 #: _____ Current Non-Immigration Status: _____

Title: Post Doctoral Fellow Research Associate Research Scientist Research Engineer

Apmt Extension Dates From: _____ To: _____

Funding Source / Cost Center	Department / Grant Name	Percent (must equal 100%)	

Salary: _____ per month x _____ months = _____ for appointment period.

Payroll Begin Date(s): _____ Payroll End Date(s): _____

Other Information: _____

(Note: Negotiated benefit rate plus indirect costs will be charged to the grant from which the salary is paid)

Health Insurance Coverage is required by anyone appointed at WPI. Please check insurance 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

Enter/Print Names:

Approval Signatures:

Principle Investigator: _____ Signature: _____ Date: _____

Dept Head: _____ Signature: _____ Date: _____

Dean: _____ Signature: _____ Date: _____

Accounting: _____ Signature: _____ Date: _____

V. P. for Research: _____ Signature: _____ Date: _____