

## REQUEST FOR APPOINTMENT

Before anyone may be invited to join the Astronomy Department in any capacity and for a period of longer than 5 days, this form must be completed and signed approval must be obtained from the PI or Co-I requesting the appointment. In many cases the Dean must also approve. Please keep in mind that **the Dean has requested 30 days advance notice for his approval. In addition, because of new INS regulations visas are taking a considerable time to process.** Be sure to give the original to Barbara Hoversten, who will obtain the appropriate signatures and distribute copies as necessary.

Thank you!

Principal Investigator: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Individual: \_\_\_\_\_ Email address: \_\_\_\_\_

Appointment Type: \_\_\_\_\_ Level/Salary \_\_\_\_\_

Dates of visit/employment: \_\_\_\_\_

**PLEASE ATTACH A BRIEF JOB DESCRIPTION OUTLINING THE MAJOR RESPONSIBILITIES OF THE POSITION AND A CV**

Charges for this individual should go to (list fund number & flexfield)? \_\_\_\_\_

Will the individual be paid an: honorarium \_\_\_\_\_ per diem \_\_\_\_\_ payroll \_\_\_\_\_

Will the individual be paid travel reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a Visa needed? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Will the individual need a room to work in? Yes \_\_\_ No \_\_\_;

A computer? Yes \_\_\_\_\_ No \_\_\_\_\_

Requested: \_\_\_\_\_  
Principal Investigator or Co-Investigator signature Date

Approval (if required) \_\_\_\_\_  
Department Chair signature Date