



FORM V-1: VF AND VRC APPOINTMENT RECOMMENDATION FORM

For recommendations of all new appointments and reappointments for Visiting Fellows and Visiting Research Collaborators

Date _____

Revision (circle changes)

[EMPLID: _____]

SECTION I. PERSONAL INFORMATION

Name _____

Gender Female Male Birth Date ^{Last}____/____/____ ^{First}____ ^{MI}____ SSN _____ - _____ - _____
(Gender and Birthdate are required for payroll and benefits) Marital _____

Citizen Citizen Alien Perm Alien Temp If Alien Temp, Country of Origin _____
[If Alien Temp, Please send VISA Information Form to the Office of Visa Services]

Current Address _____

Current Phone (____) _____ Current Email _____

Source of Support _____ Principal Investigator _____

1. Please provide education and employment history
2. Attach a description of the program in which the appointee will be engaged. If a consortium or center is involved, please identify: _____
3. Provide the name of a faculty member with whom the appointee will be most closely associated _____
4. Will the appointee require space or equipment not currently available Yes No If yes, indicate where you expect to find the required space or funds _____

SECTION II. APPOINTMENT INFORMATION

Action New Appointment Reappointment Change in Financial Information

Is this the first appointment at Princeton University for this person? Yes No

Appointment Start Date ____/____/____ Appointment End Date ____/____/____

Department _____ Office Location (Building) _____

Rank/Title _____

12-month FTE Compensation Rate: \$ _____ % of time on campus: _____ % Months: _____ Actual: \$ _____
(combination of stipend and wage supplement, if applicable)

REQUIRED: Please specify how to allocate the above compensation:

Stipend (if to be paid through Princeton University):

All of compensation Stipend Rate: \$ _____/month

If stipend to be paid during a period other than the appt dates, please specify: ____/____/____ to ____/____/____

Wage supplement (if salary from Princeton University will be used to supplement stipend):

All of compensation Supplement Rate: \$ _____/month

If supplement to be paid during a period other than the appt dates, please specify: ____/____/____ to ____/____/____

Is appointee receiving support from PU and an outside source: Yes No If yes, amount of other support: _____

COMPLETE FOR APPROPRIATE RANK:

Visiting Fellows:

Is this visitor a faculty member on leave from an academic institution or a researcher on leave from a not-for-profit or government institution?

Yes No a. If yes, give the name of the institution and the visitor's rank there: _____

b. If no, please complete the Institutional Allowance section below.

Visiting Research Collaborators: How often will the Collaborator visit the campus? _____

Name of home institution and visitor's rank there: _____

INSTITUTIONAL ALLOWANCE: Consult the Office of the Dean of the Faculty for current rates.

Amount of institutional allowance: \$ _____ Account No. _____ - _____

Address of sponsor and contact person (if allowance must be requested directly from sponsor)

Chair/Director of Appointing Department/Institute/Center/Program _____

Date _____

Entered By _____ Date _____ Approved Apprv Modif Not Approved Approved By _____ Date _____