



FACULTY AND STAFF INSTITUTIONAL PAYMENT FORM (IP)

For recommendations of appointments of visiting faculty and visiting professional staff members if Princeton University is to pay salary to the home institution rather than directly to the individual appointee, with the exception of Princeton-Rutgers Exchange

This form should accompany the appointment form. It should be sent directly to the Office of the Dean of the Faculty for approval and forwarding to outside institutions.

Date _____

REVISION (circle changes)

APPOINTMENT INFORMATION

Faculty or Staff Member's Name: _____

Social Security Number: _____

Host Department at Princeton: _____

Term of Appointment at Princeton: _____ to _____
MM/DD/YY MM/DD/YY

Teaching or research assignment while at Princeton:

Amount of Salary Reimbursement to Home Institution: \$ _____

Account(s) to be charged: Account No. _____ - _____ or \$ _____

Account No. _____ - _____ or \$ _____

Note: Salary reimbursement will be made in one lump sum on or about these dates: for Fall Term appointments, November 15; for Spring Term appointments, April 15; for Academic Year appointments, February 1st.

Name and Address of Home Institution (including home institution's benefits rate, if applicable):

Name and Title of Contact at Home Institution: _____

Contact's Telephone Number: _____

Additional Special Payment Instructions: _____

U.S. Citizenship Status: U.S. Citizen Resident Alien (Permanent Resident) Non-Resident Alien
If Non-Resident Alien, please indicate visa type: _____

Does the host department certify that the appointee understands and agrees to the terms of the appointment?
 Yes No

Princeton University Signatures:

Responsible Officer

Princeton Chair

Date Approved: _____

Outside Institution Signatures:

Responsible Officer

Chair (if appropriate)

Date Approved: _____