

HARVARD SCHOOL OF PUBLIC HEALTH

Summary of Material to be Submitted for Annual Appointments
(excluding Reappointments)

NAME _____

TITLE _____

Dates of Proposed Appointment: From: _____ To: _____

(note: all appointments must end 6/30/YR)

___ **APPOINTEE WILL BE WORKING IN AN ANIMAL FACILITY (Medical Clearance Required)**

___ **Letter from Department Chair or Center Director to Dean Anderson** supporting appointment

___ **Letters of Recommendation (2)**

___ **Curriculum Vitae**

___ **Job Description** (for research associates)

___ **Copies of Preliminary Data Forms** (Parts 1 and 2, for all international appointments regardless of salary status)

If appointment is salaried:

___ **Foreign National Information Form (FNIF)** (for all paid non-US citizens)

___ **I-9 Form** (not needed for individuals paid a stipend – object codes 6450 and 6452)

___ **Affirmative Action Form** (only for positions for which there was more than one applicant)

**** Please note that direct deposit and tax withholding may be done via PeopleSoft self-service ****

If appointment is salaried stipendee postdoc (6450 object code), the fringe charge for health and dental costs will be charged to the grant funding the stipendee's salary. Please indicate an overhead account to be charged for the remaining fringe assessment:

_____ - _____ - _____ - _____ - _____ - _____

**** IN ADDITION, PLEASE TRANSMIT THE APPROPRIATE WASABI PERSONNEL ACTION FORM (HIRE FORM OR DATA CHANGE FORM) ****

Date _____ Submitted by: _____

Phone: _____ Building/Room: _____

Please forward this page and all applicable items to Debbie Mattina, Kresge, Room 1010, 432-1327.