

HARVARD SCHOOL OF PUBLIC HEALTH

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

NAME _____

TITLE _____

DEPARTMENT/CENTER _____

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 Harvard International Office Paperwork (for all international appointments)

If appointment is salaried:

___ Signed Confidentiality Agreement (for all paid appointees)

___ 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)

If appointment is salaried stipendee postdoc (6450 object code), please indicate the accounts that will be charged for the postdoc's fringe charge.

TRAINING GRANT OR FELLOWSHIP ACCOUNT (Health and dental costs will be charged to this account.):

_____ - _____ - _____ - _____ - _____ - _____

OVERHEAD OR DISCRETIONARY ACCOUNT: (Remaining fringe assessment will be charged to this account.):

_____ - _____ - _____ - _____ - _____ - _____

IN ADDITION, PLEASE TRANSMIT THE APPROPRIATE WASABI PERSONNEL ACTION.

Date _____ Submitted by: _____ Phone: _____

Please forward this page and all applicable items to Debbie Mattina, Sparr's Building, 2nd Floor, 432-1327.