

## Associate Recommendation Form

### Associate Information

Name of prospective associate

Sponsoring Principal Investigator

Current Institution of Employment (if applicable)

Professional title at primary employment

Home Institution supervisor/Chair

Home Institution/Employer Phone or Email

Dates of proposed appointment: \_\_\_\_\_ to: \_\_\_\_\_

*(note: use anticipated end date)*

Will the appointee be required to be on campus?

Is there a participation agreement on file with the Department?

### Scope of Work

Why is this appointment being requested? Please include:

- Purpose
- Specific activities
- Unique qualifications or areas of expertise
- staff appointee may collaborate with
- Tangible deliverables to be completed by end of appointment (please note, co-authorship or a single lecture are not sole, acceptable deliverables)

### Statement of Expectations

*By signing this form, the department is responsible for informing the associate that he/she is subject to all*

*Harvard University policies and expectations of conduct, outlined [here](#). The associate appointee will use the associate title according to HSPH institutional guidelines and trademark rules. They will use their primary, official, paid affiliation in their professional activities, profiles, and documents (CVs, conferences, speaking engagements, LinkedIn, etc.). The associate affiliation is secondary. The sponsoring principal investigator and department chair take full responsibility for the appointee (not including an obligation of salary, benefits or health insurance). The department is responsible for ensuring the appointee completes the participation agreement and any sexual misconduct trainings as required by the University. By signing this appointment recommendation form, the sponsoring PI, Department Administrator, and Department Chair certify that a vetting process took place at the Department or Center level, and that this proposed appointment is in accordance with University policies. The department is responsible for informing the appointee that this is an annual appointment, not to exceed 6/30/YR, and any renewal or extensions is dependent on departmental needs and the Office of Faculty Affairs' approval. As with any annual appointment, there is no guarantee or obligation on the part of the University for renewal or extension of this appointment. The associate appointee will be owed no financial compensation from Harvard University and is not eligible to be paid or reimbursed during their appointment.*

## Authorization

Department Administrator

Department Chair