

Cover Sheet for UNPAID Annual Appointments

NAME:

TITLE:

DEPARTMENT/CENTER:

EMAIL ADDRESS:

DATES OF PROPOSED APPOINTMENT: From:

To:

*(note: appointments ordinarily end 6/30/YR)****Prior Harvard Affiliation:***

Has the individual had an affiliation (e.g., student, employee) with Harvard?

If yes, please answer the following:

HUID (if known):

Year (if known):

Under what name (leave blank if no name change):

Appointment materials:

Letter from Department Chair or Center Director supporting appointment*

Letters of Recommendation (2)*

Visiting Scientist/Visiting Graduate Student Appointment Form (optional; if used, can be substituted for letter from department chair and letters of recommendation)

Curriculum Vitae

Confirmation of Health Insurance Coverage (postdocs only)

US Citizen?

If No, country of citizenship:

US Green card?

Will the appointee have a Harvard-sponsored visa?

(If Yes, please attach copies of Harvard International Office's eScholar form)

Vaccination Attestation Form

Will Appointee need PI rights? Yes No

Date:

Submitted by:

Phone:

Please attach this page and all applicable items as one pdf file to the Wasabi transaction. For questions, please contact Lindsey Bartlett at lbartlett@hsph.harvard.edu.