



# NYU | DENTISTRY

## APPOINTMENT TO THE PROFESSIONAL RESEARCH STAFF (Codes 103 & 113 and Post Doc Appts) FORM 2013-7

Date received by  
OHRFS:

To be completed by the Principal Investigator and forwarded to the Office of Human Resources and Faculty Services at least 30 days before the start date. Please attach Curriculum Vitae.

### CANDIDATE INFORMATION

Name: \_\_\_\_\_ Salutation:  Ms.  Mr.  Dr.  
First M.I. Last

Home Address: \_\_\_\_\_  
Street Apt # City State Zip

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Visa Information (Country Issuing Passport): \_\_\_\_\_

Visa Type: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_ Expiration Date of I-94: \_\_\_\_\_

### CANDIDATE WORK LOCATION- (ALL NON-DENTISTRY LOCATIONS MUST RECEIVE PRIOR HRFS APPROVAL)

Department Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Room #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ myTime Approver: \_\_\_\_\_

### APPOINTMENT INFORMATION

Recommended Title: \_\_\_\_\_ Recommended Salary: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Status:  Full-time  Part-time

Number of Days/Week: \_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_ Pay Cycle:  Biweekly  Semi Monthly

Interfolio ID Number: \_\_\_\_\_

**Default Chartfield:** \_\_\_\_\_  
Account Fund Organization Program Project

**Chartfield(s) to be charged:**

**Account 1:** \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Start : \_\_\_\_\_ End Date: \_\_\_\_\_  
Account Fund Organization Program Project

**Account 2:** \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Start : \_\_\_\_\_ End Date: \_\_\_\_\_  
Account Fund Organization Program Project

### AUTHORIZATION

- Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_
- Signature of Senior Director, Human Resources & Faculty Services \_\_\_\_\_ Date \_\_\_\_\_
- Signature of Manager, Business Operations (*Required for all Fund 24 / 25 grant requests*)  
 \_\_\_\_\_ Date \_\_\_\_\_
- Signature of Payroll Budget Manager, Business Operations (*Required for all requests*)  
 \_\_\_\_\_ Date \_\_\_\_\_
- Signature of Assistant Dean, Finance & Business Operations \_\_\_\_\_ Date \_\_\_\_\_
- Signature of Senior Vice Dean for Research Development and Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_