



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 Assistant Dean, 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 Vice Dean, Academic Affairs & Research _____ Date _____