

REQUEST FOR APPOINTMENT FORM
POSTDOCTORAL SCHOLARS & NON-FACULTY RESEARCHERS

Select One: New Appointment Reappointment
Choose Appointment Type: _____

MENTOR INFORMATION

Mentor Name: _____
Phone Number: _____
Email: _____
Department / Institute / Center: _____
Address: _____
Name of Administrative Assistant or Senior Administrative Assistant: _____ Phone Number: _____
Name of person to call with questions: _____ Phone Number: _____

APPOINTEE INFORMATION

Appointee Name: _____
Mailing Address: _____
(No abbreviations in mailing address, please.)
Postal Code/Zip Code: _____
Phone Number: _____
Fax Number: _____
Email: _____
Gender: Female Male
Date of Birth: _____
Choose status or intended visa type: _____ Expiration Date: _____
*Enter the expiration date if you chose one of the following:
B1, H1b, J1, TN, WB, CPT, OPT, or STEM 17.*
NDID #: _____
Notre Dame Graduate: Yes No
Year of Graduation: _____
Has appointee previously held a postdoctoral appointment at any institution: Yes No
If yes, when? _____
(month/day/year)
Has appointee previously held a non-faculty appointment at Notre Dame: Yes No
If yes, when? _____
(month/day/year)

APPOINTMENT PERIOD

New Appointment or Reappointment - **Start Date:** _____
(month/day/year)
New Appointment or Reappointment - **End Date:** _____
(month/day/year)

STIPEND INFORMATION

Total Stipend for Period of Appointment: \$ _____

STATEMENT OF DUTIES & RESPONSIBILITIES

Please describe the duties and responsibilities of the position. Please include the discipline or field of research in which the appointee will be working. This description will be included in the formal letter of appointment from the Office for Postdoctoral Scholars. Please ensure the description provided reflects what you would like to appear in the appointment letter.

Dept Org. #: _____

APPROVALS

Faculty Mentor: _____ Date: _____
Department Head / Director: _____ Date: _____
Budget Admin. / Provost: _____ Date: _____

Checklist of Required Forms

		DOMESTIC		INTERNATIONAL		
		New Appointment	Reappointment	New Appointment	Reappointment	
<input type="checkbox"/>	Request for Appointment Form <i>(*Approval signatures required on form.)</i>	http://postdocs.nd.edu/faculty-administrative-staff/ <i>(NetID required to download form)</i>	X	X	X	X
<input type="checkbox"/>	General Counsel Immigration Request	http://generalcounsel.nd.edu/assets/65551/immigrationrequestformewmployee.pdf			X	X
<input type="checkbox"/>	J-1 Information Form <i>(Required for all J1 appointees)</i>	http://international.nd.edu/assets/120130/j1_information_fillable_form.pdf			X	X
<input type="checkbox"/>	CV/Resume		X		X	
<input type="checkbox"/>	Proof of Degree <i>(*Not required for Senior Research Associate, Visiting Scholar or Research Visitor)</i>		X		X	
<input type="checkbox"/>	Copy of passport photo page: - For appointee - And, if applicable, for each accompanying dependent				X	
<input type="checkbox"/>	ADDITIONAL CONSIDERATIONS:					
<input type="checkbox"/>	<ul style="list-style-type: none"> Proof of financial support <i>(Required for J1 appointees if not receiving a stipend from Notre Dame, or if stipend is below the J-1 minimum financial requirements – please see http://generalcounsel.nd.edu/assets/100317/j1packet2013.pdf page 3 for details.)</i> 				X	X
<input type="checkbox"/>	<ul style="list-style-type: none"> If previously on a J-1, copy of prior 2 years DS-2019 				X	
<input type="checkbox"/>	<ul style="list-style-type: none"> If currently holding H1-B, copy of H1-B approval 				X	
<input type="checkbox"/>	<ul style="list-style-type: none"> If current F-1 or J-1 student with OPT or CPT, copy EAD card or CPT authorization letter 				X	

Send all completed forms *(please see checklist above)* to:

ATTN: Diana Dickson, *Office for Postdoctoral Scholars*
The Graduate School, 502 Main Building