

# Appointment Recommendation Approval Form

Division of Chemistry and Chemical Engineering

1. **NAME:** \_\_\_\_\_

U.S. citizen: ☐ Yes ☐ No / Country \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

☐ New Appointment ☐ Reappointment ☐ Salary Change ☐ Title Change

☐ Postdoctoral Scholar Research Associate ☐ Postdoctoral Scholar Fellowship Trainee

☐ Senior Postdoctoral Scholar Research Associate

☐ Visiting Associate ☐ Visitor

☐ Full time ☐ Part time (Indicate average # of days per month at CIT) \_\_\_\_\_ days

2. **EFFECTIVE DATE** \_\_\_\_\_ (For new appointments, the formal offer letter will contain the following phrase regarding start date: "effective (start date), or upon arrival.")

Number of months \_\_\_\_\_ (for new appointments and reappointments)

For Foreign National Postdoctoral Scholars, please indicate the type of appointment:

Fixed ☐ Renewable ☐

## 3. SALARY\*

☐ New Appointments Salary \$ \_\_\_\_\_ Or Stipend \$ \_\_\_\_\_ per year

☐ Rate Change & Reappointments from \$ \_\_\_\_\_ per year to \$ \_\_\_\_\_ per year

☐ CIT supplemental stipend of \$ \_\_\_\_\_ Or CIT supplemental salary of \$ \_\_\_\_\_ per year

☐ For any appointee with no CIT salary, indicate the amount and source of the external funds supporting the appointment. Written documentation is required to confirm the sponsor name and amount.

Amount: \$ \_\_\_\_\_ per year (U.S. dollars) Source: \_\_\_\_\_

## 4. CALTECH FUNDING SOURCE

The salary/stipend for this appointment should be charged to the following PTA(s):

PTA number \_\_\_\_\_

If H1B Fees are required use PTA: \_\_\_\_\_

## 5. SPECIAL ALLOWANCES

If special allowances are to be provided for travel, moving expenses or housing, please indicate below:

\$ \_\_\_\_\_ for \_\_\_\_\_ from PTA # \_\_\_\_\_

## 6. HEALTH INSURANCE COVERAGE for Postdoctoral Scholar Fellowship Trainees Only

Please complete if appointee receives a stipend or outside funding.

Is Scholar receiving full benefits from external sponsor: ☐ Yes ☐ No (if no provide PTA below)

PTA# \_\_\_\_\_

Institute Portion ☐ Full Amount ☐

For Scholars paid a stipend through Caltech, please provide a PTA for benefits.

PTA# \_\_\_\_\_

Institute Portion ☐ Full Amount ☐

## 7. SPACE

☐ I have office and/or laboratory space available for this appointee; (required)

Space is allocated in room: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ I request that divisional space be allocated as follows:

## 8. EQUAL OPPORTUNITY EMPLOYMENT/AFFIRMATIVE ACTION

(compliance with Institute guidelines regarding a search for women and minority candidates)

☐ I have complied and the following other candidates were considered:

☐ No other candidates were considered because appointee is coming to Caltech with their own funding:

☐ I have not complied; this was a special case because:

9. I have considered the impact on my present postdoctoral staff regarding their projected reappointments and both space and funding aspects are adequate.

Faculty

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fiscal Review:

☐ Salary ☐ Stipend ☐ Unpaid

☐ Funding for full appointment period

☐ Funding not approved because (please explain)

Grant

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Postdoctoral/ Senior Postdoctoral Scholar Minimum Salary:

0-4 years = \$68,000/year, effective 10/1/2023