

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/months 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 Postdoctoral Scholars Research Associates and Fellows, please indicate the type of appointment:

Fixed Renewable

3. **SALARY***

New Appointments Salary/Stipend \$ _____ per year

Salary Change & Reappointments from \$ _____ per year to \$ _____ per

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 for this appointment should be charged to the following PTA:

PTA number _____

If Visa 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, outside funding, or supplemental salary is less than \$12,000.

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:

Position was out of my control as funds were awarded to this candidate by:

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 salary minimums by years of experience.

0-3 years = \$54,080 4 years = \$54,756 5 years = \$56,880 6 years = \$59,100

7 years = \$61,308 Visitor/ Visiting Associate Minimum = \$54,080