

**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     Other \_\_\_\_\_  
 Postdoctoral Scholar     Sr. PD Scholar     Visiting Associate     Visitor     Visiting Professor  
 Full time     Part time (indicate average # of days/months at CIT) \_\_\_\_\_

2. **(RE)APPOINTMENT PERIOD** For \_\_\_\_\_ months starting \_\_\_\_\_  
The formal offer letter will contain the following phrase regarding start date:  
"effective (start date), or upon arrival."  
*(Such a phrase avoids problems about actual date from which salary begins in the usual circumstance where an appointee does not arrive on the exact date of his initial appointment period.)*

3. **SALARY\***  
 New (first Caltech-paid salary/stipend) \$ \_\_\_\_\_ per annum  
 Reappoint from \$ \_\_\_\_\_ per annum to \$ \_\_\_\_\_ per annum  
 CIT supplemental salary of \$ \_\_\_\_\_  
 Without (NO Caltech funding) salary. If supplemental salary is for a Postdoctoral Scholar, OR for any rank of foreign appointee, indicate below both the amount and source of the non-Caltech funds supporting the appointment. We need written documentation of outside funds.  
Amount: \$ \_\_\_\_\_ (U.S. dollars) Source: \_\_\_\_\_

4. **FUNDING**  
The salary for this appointment should be charged to:  
PTA number \_\_\_\_\_  
**If H 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**  
Please complete if appointee is on stipend, outside funding, or supplemental salary is less than \$12,000.  
The  Institute portion only  
 full amount  
of Caltech health insurance coverage costs for the appointee will be paid by:  
 host's grant or contract funds; account # \_\_\_\_\_  
 appointee  
 outside agency: \_\_\_\_\_

**\*NOTE: Division Chair recommends salary \$1,000 above the minimum required**  
Postdoctoral Scholar NIH salary minimums by years of experience. Effective 12/1/2016  
0 = \$47,500    3 = \$50,316    6 = \$56,400  
1 = \$47,844    4 = \$52,140    \*Senior Postdoc min. = \$50,316  
2 = \$48,216    5 = \$54,228    Visitor/Visiting Associate minimum = \$47,500

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:

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.

\_\_\_\_\_  
Signature of faculty member Date

Fiscal: <input type="checkbox"/> Stipend <input type="checkbox"/> Salary <input type="checkbox"/> No Salary/Stipend _____ <input type="checkbox"/> Funding for full appointment period <input type="checkbox"/> Funding not OK because:  Additional comments:  Grant Manager: _____ Date: _____
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