

# Visiting Academic Professionals Appointment Recommendation Form (FORM VIS)

For recommendations of new appointments and reappointments for all **visiting** ranks of Professional Researchers, Specialists, and Librarians.



Date: \_\_\_\_\_  Revision (circle/highlight changes) EMPLID: \_\_\_\_\_

## SECTION I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: \_\_\_\_\_

Citizenship:  US Citizen  Alien Perm  Alien Temp. If Alien Temp, Country of Citizenship \_\_\_\_\_  
If Alien Temp, please include the Visa Information form (available [online](#) from the Davis International Center's website).

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Current Phone: (\_\_\_\_\_) \_\_\_\_\_ Current Email: \_\_\_\_\_

1. Provide the name of a campus host with whom the visitor will be most closely associated: \_\_\_\_\_  
Provide the name of the Principal Investigator if different from the host indicated above: \_\_\_\_\_

2. Is the visitor employed at a for-profit corporation, institution, start-up, or other organization?  
 Yes  No  
If yes, give the name of the organization and job title: \_\_\_\_\_

3. Is the visitor employed at an academic institution, not-for-profit organization, or government institution?  
 Yes  No  
If yes, give the name of the institution and the visitor's rank/title there: \_\_\_\_\_

## SECTION II. APPOINTMENT INFORMATION

Action:  New Appointment  Rehire  Reappointment  Change in Financial Information  Institutional Payment

Appointment Start Date: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_ Appt. End Date\*: \_\_\_\_\_  
\*Required

Appointing Unit: \_\_\_\_\_ If off-campus, work location: \_\_\_\_\_

Rank: \_\_\_\_\_ Functional Title (Optional): \_\_\_\_\_

Outside support that the visitor is receiving (US\$): \_\_\_\_\_  Per month  Per Total Period

If Visitor is receiving money from Princeton University:

12-month FTE Compensation Rate: \$ \_\_\_\_\_ % of time on campus: \_\_\_\_\_ # of Months: \_\_\_\_\_ Total Salary Paid: \_\_\_\_\_

If Rank is Visiting Fellow, is this a  Supplement or  Stipend?

\_\_\_\_\_  
Signature of Chair/Director of Appointing Academic Unit or University Librarian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Form Completed by: \_\_\_\_\_  
Name

Please refer to checklists (<http://dof.princeton.edu/checklists>) for required supporting documentation. By submitting this form you are confirming that funding and space are available for this appointment.