

FACULTY AND STAFF INSTITUTIONAL PAYMENT FORM (IP)

For recommendations of appointments of visiting faculty and visiting academic professionals if Princeton University is to pay salary to the home institution rather than directly to the individual appointee, with the exception of Princeton-Rutgers Exchange



**After your chair signs, please send to the outside institution for signature.
Then this form (complete with signatures) should accompany the appointment form.**

APPOINTMENT INFORMATION

Date: _____

REVISION (circle changes)

Faculty or Staff Member's Name: _____

Host Department at Princeton: _____

Term of Appointment at Princeton: _____ through _____
MM/DD/YY MM/DD/YY

Teaching or research assignment while at Princeton:

Amount of Reimbursement to Home Institution: Salary \$ _____ + Benefits \$ _____ = Total \$ _____

Home Institution's benefits rate (if applicable): _____ (not to exceed Princeton's benefits rate)
to be charged:

\$Amount	Department	Fund	Program	Site	Project	Activity	Budget	Year
----------	------------	------	---------	------	---------	----------	--------	------

Note: Salary and benefits reimbursement will be made in one lump sum on or about these dates: for Fall Term appointments, November 15; for Spring Term appointments, April 15; for Academic Year appointments, February 1.

Name and Address of Home Institution:

Home Institution Contact (Name and Title): _____

Home Institution Contact's Telephone Number: _____

Home Institution Contact's Email Address: _____

Additional Special Payment Instructions:

Does the host department certify that the appointee understands and agrees to the terms of the appointment?

Yes No

Princeton University Signatures:

DoF Responsible Officer

Date Approved: _____

Princeton Host Department Chair

Outside Institution Signatures:

Responsible Officer

Date Approved: _____

Chair (if appropriate)