

# POSTDOCTORAL RESEARCH FELLOW APPOINTMENT RECOMMENDATION FORM (PDRF)



For recommendations of all new appointments and reappointments for Postdoctoral Research Fellows

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

## SECTION I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First MI

**For new appointments please provide:**  
*Required for payroll and benefits:* **SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Citizenship:**  Citizen  Alien Perm  Alien Temp **If Alien Temp, Country of Origin:** \_\_\_\_\_

*If Alien Temp, please include Visa Information form (available online from the Davis International Center's website).*

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

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

*Please refer to checklists (<http://dof.princeton.edu/checklists>) for required supporting documentation; if this is the first postdoctoral appointment, submit official verification of completion of all requirements for the PhD.*

## SECTION II. APPOINTMENT INFORMATION

**Action**  New Appointment  Reappointment  Change in Financial Information

*Is this the postdoctoral research fellow's first appointment at Princeton University?*  Yes  No

**Appointment Start Date:** \_\_\_\_\_ **Appointment End Date:** \_\_\_\_\_

**Academic Unit:** \_\_\_\_\_

**Faculty Sponsor:** \_\_\_\_\_

## SECTION III. FINANCIAL INFORMATION (FOR THE APPOINTMENT PERIOD IN SECTION II)

**Source of postdoctoral fellowship:** \_\_\_\_\_

	Total Period Amt	Monthly Amt*
<b>A. Stipend to be paid directly to fellow</b> <i>(Include supporting documentation, e.g., copy of fellowship award letter)</i>	\$ _____	\$ _____ (058)
<b>B. Stipend to be paid by PU on behalf of fellowship sponsor:</b>	\$ _____	\$ _____ (170)
<b>C. Retirement wage supplement to be paid by PU (=A+B)*0.10):</b>	\$ _____	\$ _____ (172)
<b>D. Wage supplement to be paid by appointing academic unit:</b>	\$ _____	\$ _____ (171)
<b>E. Total support to fellow (=A+B+C+D):</b>	\$ _____	\$ _____

**For DOF use only: If appointment term is not exactly one year, enter 12-mo FTE rate here:** \$ \_\_\_\_\_

*\* Monthly Amount should equal the Total Period Amount divided by the number of months of the appointment.*

**INSTITUTIONAL ALLOWANCE:** *(Consult the Office of the Dean of the Faculty for current rates.)*

**Amount of institutional allowance:** \$ \_\_\_\_\_ Á  
 Department Fund Program Project Site Activity

\_\_\_\_\_  
**Signature of Chair/Director of Appointing Academic Unit** \_\_\_\_\_  
**Date**

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