



Cover Sheet for PAID Annual Appointments

NAME: TITLE:
DEPARTMENT/CENTER:
EMAIL ADDRESS:
DATES OF PROPOSED APPOINTMENT: From: To:
ANNUAL SALARY: FTE: (note: appointments ordinarily end 6/30/YR)

Prior Harvard Affiliation:

Has the individual had an affiliation (e.g., student, employee) with Harvard?

If yes, please answer the following:

HUID (if known): Year (if known):
Under what name (leave blank if no name change):

Checking this box certifies that this individual's primary work place is in Massachusetts. (Faculty Affairs must be notified if circumstances arise during the appointment that could lead to the appointee working primarily outside of Massachusetts.)

Appointment materials:

I-9 Submitted via Equifax (Please submit for all first time employees, and for all reappointees and concurrent job holders who do not have an active I-9 on file. Please note that an I-9 will expire after an appointee has not been at Harvard for a year. If any form of ID that was used for an I-9 already on file has expired, a new I-9 will need to be submitted.)

Letter from Department Chair or Center Director supporting appointment*

Letters of Recommendation (2)*

Visiting Scientist/Visiting Graduate Student Appointment Form (optional; if used, can be substituted for letter from department chair and letters of recommendation)

Curriculum Vitae

US Citizen? If No, country of citizenship: US green card?

Will the appointee have a Harvard-sponsored visa
(If Yes, please attach copies of Harvard International Office's eScholar form)

*A description of the activities the appointee will be undertaking must be included in one of these letters.

Coding for funds to be used to cover costs of this appointment:

Are these funds currently sufficient to cover the costs for the full period of appointment? Yes No

If no, please explain the plan for coverage:

I attest, by submitting this hire, that the information provided above is accurate and consistent with School policy, that any appropriate approvals needed have been received, and that the funding source listed is sufficient to cover the costs of the appointment as planned

Date: Submitted by: Phone: