

# TEMPLE UNIVERSITY POST GRADUATE (DOC/FELLOW) REQUISITION

PLEASE DO NOT FILL IN ANY OF THE SHADED BOXES OF THIS FORM

**TO BE COMPLETED FOR:  
POST DOCTORAL FELLOWS**

REQUESTING DEPARTMENT/SECTION				POSITION TITLE				DATE PREPARED	
POSITION SUPERVISOR/CONTACT NAME				TELEPHONE # OF CONTACT		WORK LOCATION		TU ZIP	
EXPECTED START DATE	NEW OR REPLACEMENT	PERSON BEING REPLACED			LENGTH OF ASSIGNMENT:	ACT 33? *	CHEM? **		
POSITION DESCRIPTION									
*WORK WITH CHILDREN UNDER THE AGE OF 18; "Y" IF ACT 33 REQUIREMENTS APPLY. "N" IF ACT 33 DOES NOT APPLY **THE EMPLOYEE MAY BE EXPOSED TO HAZARDOUS CHEMICALS; "Y" IF CHEMICAL RIGHT TO KNOW NOTIFICATION IS REQUIRED, "N" IF NOT REQUIRED									
TYPE OF APPOINTMENT POST DOCTORAL FELLOW-NO SERVICES ARE REQUIRED (LETTER STATING "NO SERVICES REQUIRED" MUST ACCOMPANY THIS FORM) POST DOCTORAL WITH BENEFITS							SALARY:		
TUID		SSN *	ORG ID 800	EMPLOYEE'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)			ACTION EFFECTIVE DATE (MM/DD/YY)		
ACTIONS: ( ) 01 - NEW HIRE ( ) 14 - REHIRE	SUFFI X	PREFIX	BU 05	EMP STAT A	EMPLOYMENT STAT DATE (MM/DD/CCYY)	EMPLOYMENT DATE (MM/DD/CCYY)	REG/TEMP T		
FULL/PART ( ) F - FULL TIME ( ) P - PART TIME	PAY STATUS S	SENIORITY DATE (MM/DD/CCYY)			ORIG HIRE DATE (MM/DD/CCYY)	STEWARDSHIP - ORG (LOCATION) -800			
REVIEW TYPE	REVIEW DATE (MM/DD/CCYY)			EXPERIENCE DATE (MM/DD/CCYY)					
POSITION CONTROL #	JOB BEGIN DATE (MM/DD/CCYY)	JOB END DATE (MM/DD/CCYY)	JOB CLASS	JOB CLASS ENTRY DATE (MM/DD/CCYY)	PAY RATE (MONTHLY BASE 999999.999)	PAY RT CD P			
GRADE A99	STE P 01	%FULL TIME 100	PAID FOR 81	PAY CYCLE M1	FUND - ORG -800	TIME RPT CD E	NORMAL HOURS FROM _____ T O _____		
SHIFT 01	JCAHO					HOURLY RATE	DAYS/WK	HOURS/WK	

### ACCOUNT DISTRIBUTION (ADDITIONAL SPACE AVAILABLE ON BACK OF FORM)

Fund/Org/Account/Program	ERN TYP	RATE/AMT	PERCENT	START DT (MMDDCCYY)	STOP DT (MMDDCCYY)
Fund/Org/Account/ Program	ERN TYP	RATE/AMT	PERCENT	START DT (MMDDCCYY)	STOP DT (MMDDCCYY)
Fund/Org/Account/Program	ERN TYP	RATE/AMT	PERCENT	START DT (MMDDCCYY)	STOP DT (MMDDCCYY)

TOTAL: RATE/AMT

### APPROVALS

FACULTY MENTOR (PRINT)	SPONSORED PROJECTS ADMIN OR GRANT ACCOUNTING (PRINT)
FACULTY MENTOR (SIGNATURE)	SPONSORED PROJECTS ADMIN OR GRANT ACCOUNTING (SIGNATURE)
PRINCIPAL INVESTIGATOR (PRINT)	SCHOOL/COLLEGE REPRESENTATIVE (PRINT)
PRINCIPAL INVESTIGATOR (SIGNATURE)	SCHOOL/COLLEGE REPRESENTATIVE (SIGNATURE)
UNITED STATES CITIZEN? YES / NO	

### EMPLOYMENT RESTRICTIONS MAY APPLY FOR NON-U.S. CITIZENS, THEREFORE ALL NON-U.S. CITIZENS MUST:

1-SCHEDULE AN APPOINTMENT WITH A NRA SPECIALIST (EXTENSION 1-8793) PRIOR TO BEGINNING EMPLOYMENT

2-ATTACH ONE OF THE FOLLOWING:

- A VALID EMPLOYMENT AUTHORIZATION CARD (EAD)
- FORM DS 2019 FOR J1 VISA HOLDERS
- ALL OTHE RVISA TYPES, CONTACT PAYROLL MANAGEMENT (EXTENSION 1-6011) FOR ADDITIONAL ASSISTANCE
- FORM I-20 FOR F1 VISA HOLDERS
- FORM I797 (NOTICE OF ACTION) FOR H1 VISA HOLDERS

\* Temple University requests your Social Security number (SSN) because federal, state, and local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy ([http://policies.temple.edu/getdoc.asp?policy\\_no=04.75.11](http://policies.temple.edu/getdoc.asp?policy_no=04.75.11)).