Office of Postdoctoral Affairs
Request for Salary Payment for Trainees on
Ruth Kirschstein NRSA and Other Training Awards

Type Appointment:

_____ Postdoctoral Clinical Fellow
_____ Postdoctoral Research Fellow
_____ Postdoctoral Residency Fellow

Administrative Department/Center/Institute: __________________________

Trainee Name: ______________________________________________________

Current Stipend: $ ____________________ Training Award No. ____________________

Training Account No. ____________________ Budget Period of Award: ____________________

Department/Center/Institute to supplement stipend (as salary) ____________________

Account No. ____________________ Award No. ____________________

Amount $ ____________________ Period of Payment: ____________________

Hours per week: ____________________ (may not exceed 10 hrs/week)

Name/telephone number of individual to answer questions regarding this payment: ____________________

Provide scientific justification for the above payment (attach additional paper if more room is required); include indication of fellow’s additional responsibilities) ____________________

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Approvals:

Date: ____________________ Name/Signature of Chair/Director approving salary payment.

I agree to appoint the above individual as a Part time Postdoctoral Research Scientist/Scholar for the above amount and period in my Department/Center/Institute and will prepare the appropriate Nomination form.

Name/Signature of current PI signifying that additional responsibilities will not interfere with current training program

Date: ____________________

Name/Signature of Chair/Director of current administrative department

Date: ____________________

Name/Signature Research Administration certifying salary payment is allowable under the terms of the above awards

Approved/Denied:

Date: ____________________

Office of Postdoctoral Affairs

Instructions: Complete this form, obtain all necessary signatures and mail/fax to Office of Postdoctoral Affairs. If approved, this form will be returned to the Department/Center/Institute providing the salary for preparation of a Nomination form. The completed/fully signed Nomination form, together with this “Request for Salary Payment for Trainees” form should be sent to the Administrative Department for approval and then forwarded to the Office of Faculty Affairs (CUMC Campus)/the appropriate Vice President and/or Dean (MSD Campus) for appropriate action.