

INSTRUCTIONAL APPOINTMENT AUTHORIZATION FORM

EMPLOYEE INFORMATION

Employee Name: _____ **UNI:** _____

Administrative Department: _____

Employee Title: _____ **Full Time:** **Part Time:**

The Officer of Research identified above has been invited to participate in a teaching activity at the University.

VISA INFORMATION

Note to Non-immigrant Individuals: If you are employed in a non-immigrant visa status such as J-1, F-1, H-1B, O-1, TN, or E-3, there may be restrictions on your ability to teach in addition to your research responsibilities depending on your visa type.

This section must be completed by ISSO : Jane Acton (Morningside/Manhattanville, ja378@columbia.edu) or Kathleen McVeigh (CUIMC, kcm1@cumc.columbia.edu)
Failure to obtain this ISSO approval may delay or prevent your appointment.

Visa/Status Classification: _____ Visa expiration date: _____

Current visa status does permit a teaching appointment

Current visa status does not permit a teaching appointment

ISSO Comments: _____

COURSE INFORMATION

School Name: _____

Course # and Name: _____ **# of Points:** _____

Start & End Dates of Appointment: _____ **to** _____

Days and Times: _____

If you are not teaching a course, but are providing other incidental teaching support such as assistance with grading or giving a single lecture, please describe:

Compensation Total: _____

****Please note that compensation must come from a non-sponsored project.**

Chartstring/Project ID to be charged:

Fund: _____

Dept: _____

PC Bus Unit: _____

Project: _____

Project Activity: _____

Function: _____

Initiative: _____

Segment: _____

Site: _____

Account: _____

SPONSORED PROJECT INFORMATION

Is any portion of your salary charged to a grant/contract? Yes No

If yes, please complete the information below (please contact your departmental administrator if you have questions):

1. Are you funded by a training grant, e.g., an NIH-funded K Award? Yes No
 - a. *If yes:* please attach approval from your SPA project officer to confirm that the terms of the award permit you to take on this teaching responsibility.
 - b. *If no:* Have you reviewed the terms, conditions, and effort commitments for the applicable sponsored project(s) and confirmed that you may participate in the teaching activity? Yes No
 *If you have any questions, please contact your SPA project officer, who can assist you in interpretation or clarification of terms and commitments.

2. Are you a "key person" on any of the grant(s)/contract(s)? Yes No
 - a. If so, will you reduce your effort on any grant or contract by 25% or more in order to make time for the instructional activity? Yes No
 - b. If yes, has SPA transmitted a request for prior approval to the sponsor, on your behalf? Yes No
If yes: please attach a copy of the sponsor approval to this form.

VERIFICATION OF TEACHING ELIGIBILITY

Note: This form must be signed by the Chair/Dean of the Department/School offering the course/work, the individual's Principal Investigator (PI) and the PI's administrative department, the CUMC Administration/Payroll office (for CUMC Officers), VP for Arts & Sciences/Engineering Dean's Office (as appropriate), and the Provost's Office . When complete, retain a copy for of the signed form for your files. You may attach emails or letters of approvals to this form.

It is your responsibility to complete this form in its entirety and secure all approvals within the appropriate departments/schools. Please work with your Departmental Administrator to obtain the above grant/contract information. Failure to obtain the necessary approvals will prevent your appointment.

Approvals:

1. Chair of Department/School (Print name): _____
 Signature: _____ Date: _____

2. Principal Investigator (Print name): _____
 Signature: _____ Date: _____

3. PI's Administrative Department Chair (Signature certifies Department approval)
 Print Name: _____
 Signature: _____ Date: _____

4. CUMC Administrative/Payroll Office (**For CUMC Officers of Research Only**) Signature certifies CUMC's Dean's Office approval.
 Print Name: _____
 Signature: _____ Date: _____

5. Dean's Office (**for MS Officers of Research Only**) Signature certifies Dean's Office approval.
 Print Name: _____
 Signature: _____ Date: _____

6. Sponsored Projects Administration (**For individuals funded on training grants only**) Signature certifies the teaching is allowable under the terms and conditions of the project and any sponsor prior approval has been received).
 Print Name: _____
 Signature: _____ Date: _____

7. ISSO (Signature certifies ISSO's approval)
 Print Name: _____
 Signature: _____ Date: _____

8. Provost's Office (Signature certifies Provost Office approval)
 Print Name: _____
 Signature: _____ Date: _____