

**CLARKSON UNIVERSITY**  
**DIVISION OF RESEARCH**  
**RESEARCH PERSONNEL REQUEST**

Date of Request: \_\_\_\_\_

**TYPE OF ACTION**

- New
- Continuation
- Amendment
- Visa Papers,
  - New,  Extension  Transfer
- Joint Research/Academic
- Other
- Termination

**PERSONAL DATA**

- Male  Female
- U.S. Citizen
- Foreign National (complete \*s)
- \* Date of Birth \_\_\_\_\_
- \* Town/Country of Birth: \_\_\_\_\_
- \* Country of Citizenship: \_\_\_\_\_
- \* Spouse/Children:  Yes,  No No.
- \* Current Job Title: \_\_\_\_\_

**EMPLOYMENT DATA**

- Employee No. \_\_\_\_\_
- Student No. \_\_\_\_\_
- Degree Held: \_\_\_\_\_
- Soc. Sec. No.: \_\_\_\_\_
- Visa Type:  J-1  J-2  F-1
- H-1  Permanent Resident
- Other
- Visa Expiration date: \_\_\_\_\_

**NAME**

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

**CURRENT ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>CONTRACTUAL DATA</b>	
<p><b>JOB CODE</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>Advisor: _____</p> <p>Dept. _____</p> <p>Total Salary: _____</p> <p>Contractual Dates:</p> <p>Begin: _____</p> <p>End: _____</p>
<p><b>FUNDING SOURCE</b></p> <p><input type="checkbox"/> Clarkson University Sponsored Research</p> <p><input type="checkbox"/> U.S. Gov't Agency ( _____ )</p> <p><input type="checkbox"/> International Organizations</p> <p><input type="checkbox"/> Exchange Visitor's Government</p> <p><input type="checkbox"/> All Other Organizations</p> <p><input type="checkbox"/> Personal Funds</p>	<p><b>AMOUNT</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>CLARKSON UNIVERSITY SPONSORED RESEARCH</b>		
RESEARCH DATES	AMOUNT	ACCOUNT
-		-
-		-
-		-
-		-
-		-

<b>MEDICAL INSURANCE FRINGE BENEFITS</b>	
<input type="checkbox"/> Covered by Sponsored Research:	
Acct. No. 1: _____	Amount #1: _____
Acct. No. 2: _____	Amount #2: _____
<input type="checkbox"/> Covered by Researcher	
<input type="checkbox"/> Covered by Other:	

**SPECIAL CONDITIONS/REMARKS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES:**

Advisor \_\_\_\_\_

Dept. Head \_\_\_\_\_

Other \_\_\_\_\_

<b>FOR DIVISION OF RESEARCH USE ONLY</b>				
DATE RECEIVED: ____/____/____	ACCT. NO.	DATES	BAL. S & W	CUPS ACCOUNT CHECK: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____