

BENEFITS (Single coverage for the Postdoctoral Benefits Plan must be paid by the fellowship/grant/PI/department)

_____ Single Coverage Only is being paid by fellowship/grant/PI/dept

_____ Postdoc + 1 is being paid by fellowship/grant/PI/dept

_____ Postdoc + Family is being paid by fellowship/grant/PI/dept

Speedtype to charge for benefits*: _____

If the grant number/account changes, please notify Betty Capasso:

Please email bjc5@case.edu with the name, social security # or employee ID, effective date, and the speedtype.

***Please note that if no speedtype is given, the operating account will be charged.**

TRAINING AND CONDITIONS This position will be using, or may be potentially exposed to:

_____ General Chemicals

_____ Human Blood and/or Tissue

_____ Formaldehyde

_____ Radioactive Materials

_____ Laboratory Animals

Does the nature of this position require the possible use of a respirator? _____ Yes _____ No

Does this position require driving while on the job? _____ Yes _____ No

If yes, check option: _____ University Vehicle _____ Personal Vehicle

Does this position involve responsibility for working with individuals under 18 yrs of age? _____ Y _____ N

This position requires the following : _____ Physical Screening _____ Vaccinations

REQUIREMENTS Please check off and/or attach the following:

_____ Diploma/Transcript (doctorate) with degree posted and date conferred (translated if applicable)

_____ Case Graduate, does not need to supply transcript

_____ Letter of Completion attached; terminal degree not yet in hand: degree expected date: _____

_____ Current CV attached

Is the appointee a US citizen or permanent resident? _____ Yes _____ No; if no, contact Foreign Faculty and:

Attached – Original Recommendation for Appointment of Exchange Visitor (J-1) or Temporary

_____ Worker (h-1B) Form (obtain from Foreign Faculty & Scholars Office - <http://www.case.edu/finadmin/humres/ffs/>)

_____ Other (OPT status, etc.): _____

APPROVED: _____ **Chair, or Mentor/PI**** **DATE:** _____
signature

APPROVED: _____ **Chair, or Mentor/PI**** **DATE:** _____
signature **(second signature must be obtained from both depts. for dual dept appointments only)**

APPROVED: _____ **Dean of School**** **DATE:** _____
signature

FISCAL OFFICER SIGNATURE:** _____ **DATE:** _____
signature

****NOTE:**

College of Art & Sciences: Requires signatures from dept. chair, dean's office, and fiscal officer.

School of Medicine: Requires signatures from dept. chair, and SOM finance.

School of Engineering: Requires signatures from dept. chair, dean's office, and HR/fiscal officer.

School of Nursing: Requires signatures from PI or mentor, Susan Frey, or Dean Wykle.

School of Dental Medicine: Requires signatures from dept. chair, asst dean of finance, and dean.