



HARVARD COLLEGE OBSERVATORY

REAPPOINTMENT FORM

PERSONAL INFORMATION

Name: *first name* *middle name* *last name*

HUID:

Division: Faculty Sponsor: *name*

REAPPOINTMENT INFORMATION

Appointment Type: Year of *

Reappointment Start Date: *mm/dd/yy* End Date: *mm/dd/yy - max 1 year*

Paid Unpaid Salary Increase %:

Reappointment Letter Included in Email: [Unpaid Associate Appointment](#) [All Other Appointment Types](#)

COSTING DISTRIBUTION

Tub	Org	Object	Fund	Activity	Sub-Activity	Root	%

Check here if costing distribution should remain unchanged from current distribution

Comments *(if applicable)*:

Administrator: *signature*

Date:



HARVARD COLLEGE OBSERVATORY

REAPPOINTMENT FORM INSTRUCTIONS

DIVISIONS

- Directors Office
- High Energy Astrophysics (HEA)
- Optical & Infrared Astronomy (OIR)
- Origins of Life
- Radio Geoastronomy (RG)
- Black Hole Initiative (BHI)
- Science Education Department (SED)
- Solar, Stellar, & Planetary Science (SSP)
- Theoretical Astrophysics (TA)
- Atomic & Molecular Physics (AMP)
- Stars & Stellar Evolution

REAPPOINTMENT INFORMATION

Appointment Type	Reappointment Required
Research Scientist/Sr. Scientist	<i>Review required every 5 years - no maximum</i>
Visiting Scholar	<i>Annually up to 2 years</i>
Fellow & Postdoctoral Fellow	<i>Annually up to 3 years</i>
Associate (unpaid)	<i>Annually up to 5 years</i>
Research Associate	<i>Annually up to 5 years</i>

Maximum Number of Years: when the maximum term has been met for that particular appointment type, the individual must either be terminated or re-classified through the full appointment process.

End Date: Reappointments are processed on a yearly basis excluding research scientists. The end date cannot be more than one year from the reappointment start date listed.

Salary Increase %: percent increase that should be applied to the current salary for the new salary rate

COSTING DISTRIBUTION

370-314X0-6XXX-XXXXX- XXXXXX-XXX-XXXXX

Please check with your Research Administrator if you need assistance with coding for a Sponsored Program

Sum cannot be greater than 100%

REAPPOINTMENT SUBMISSION

Please submit this completed Reappointment Form along with the [Reappointment Letter](#) (separate PDFs) in a single email

Electronic Submission - Please email the completed form to sonia.verma@cfa.harvard.edu **with the Scholar Name & Reappointment as the subject line**

Form must be submitted as a PDF with the following naming convention:

Start date of reappointment YYYY-MM-DD First Name Last Name Reappointment.pdf

Example, 2018-10-01 John Smith Reappointment.pdf

Reappointment Letter must be submitted as a PDF with the following naming convention:

Start date of reappointment YYYY-MM-DD First Name Last Name Reappointment Letter.pdf

Example, 2018-10-01 Jane Doe Reappointment Letter.pdf

Please cc: your Research Administrator on this email if the individual is to be supported on HCO Sponsored Program (Org: 31460).