# FAS Teaching Assistant Appointment Compliance Review & Approval Form

Purpose: Use this form to request institutional review and approval of proposed Teaching Assistant (TA) appointments. This form is intended for individuals holding their primary academic or research appointment in the FAS.

**1. TA Appointment Information**

| | |
|---|---|
| Course Title & Number | Course Instructor |
| Academic Year | Semester: ☐ Fall ☐ Spring ☐ Other |
| Number of Sections | FTE Level per section |
| Start Date (MM/DD/YY) | End Date (MM/DD/YY) |

**2. Personal Information**

First Name: _____ Middle Name: _____ Last Name: _____
Harvard ID (last 4 digits): _____ Email: _____
Home Academic Department: _____
PI/Lab Director: _____

**3. Primary Harvard Appointment Status**

☐ Postdoctoral Fellow ☐ Research Associate ☐ Research Scientist ☐ Fellow
☐ Staff ☐ Visiting Scholar ☐ Other _____
What is the FTE of your current primary appointment _____
Will a reduction in FTE of primary appointment be made? ☐ Yes ☐ No
If yes, what will the FTE of primary appointment be changed to: _____
If yes, RPM should coordinate with the relevant research affairs specialist at FAS academic affairs.

**4.** Have you completed two years of study toward an advanced degree, relevant to the teaching assignment, or taught two years at the university level?
☐ Yes ☐ No

**5. Funding source(s) of primary appointment**

Please list all confirmed funding sources that will support your primary appointment during the proposed teaching appointment term. Please consult with your PI and Research Portfolio Manager (RPM) regarding details of your funding sources, as needed.

| Funding Source #1 | Funding Source | Funding Type (Grant/Fellowship/ Contract/Other) | Sponsor Award Number (if applicable) | % of pay from this source |
|---|---|---|---|---|
| | | | | |
| 33 digit account string: | | | | |
| If support from this award will start during teaching term, please indicate start date:_____ | | | | |

| |
|---|
| If support from this award will end during teaching term, please indicate end date:_____ |
| Notes: |

| Funding Source #2 | Funding Source | Funding Type (Grant/Fellowship/ Contract/Other) | Sponsor Award Number (if applicable) | % of pay from this source |
|---|---|---|---|---|
| | | | | |
| 33 digit account string: | | | | |
| If support from this award will start during teaching term, please indicate start date:_____ | | | | |
| If support from this award will end during teaching term, please indicate end date:_____ | | | | |
| Notes: | | | | |

| Funding Source #3 | Funding Source | Funding Type (Grant/Fellowship/ Contract/Other) | Sponsor Award Number (if applicable) | % of pay from this source |
|---|---|---|---|---|
| | | | | |
| 33 digit account string: | | | | |
| If support from this award will start during teaching term, please indicate start date:_____ | | | | |
| If support from this award will end during teaching term, please indicate end date:_____ | | | | |
| Notes: | | | | |

| Funding Source #4 | Funding Source | Funding Type (Grant/Fellowship/ Contract/Other) | Sponsor Award Number (if applicable) | % of pay from this source |
|---|---|---|---|---|
| | | | | |
| 33 digit account string: | | | | |
| If support from this award will start during teaching term, please indicate start date:_____ | | | | |
| If support from this award will end during teaching term, please indicate end date:_____ | | | | |
| Notes: | | | | |

Research Portfolio Manager (RPM) Contact Name:_____
All coding changes to primary appointment during the teaching term require FORA pre-review.

**6. Employment Eligibility**

◯ U.S. Citizen ◯ Lawful Permanent Resident ◯ Visa Holder, if so, please complete below:

If Lawful Permanent Resident, what is end date of current status: _____

If Visa Holder, what is your Visa type: _____

Visa Expiration Date: _____

Employment Authorization End Date: _____

Was approval to teach verified with relevant advisor at the international office that sponsored this visa? ☐ Yes ☐ No If Yes, please obtain relevant signature in approval section 8.

Notes or Comments: _____

**7. Review & Approval**

Applicant
Printed Name _____ Signature _____ Date _____

Advisor or PI (Home Department)
Printed Name _____ Signature _____ Date _____

Executive Director/Department Administrator of Home Department
Printed Name _____ Signature _____ Date _____

For Visa Holders:
Name of Institution Sponsoring your visa : _____
Advisor's Printed Name _____ Signature _____ Date _____

FAS Office of Research Administration (FORA)
Printed Name _____ Signature _____ Date _____

**8. Routing Information**

Include this completed & approved compliance review and approval form with appointment documents submitted to the FAS Office of Undergraduate Education (OUE).

Reference: https://academic-appointments.fas.harvard.edu/chapter-14