



Submission Information			
Submitted by (name):		Date:	
Employee Name (if applicable):		Lead Administrator:	
Supervisor Name:		HRG:	
Department:			

Position Information			
Position Classification:	<input type="checkbox"/> M&P <input type="checkbox"/> C&T <input type="checkbox"/> Postgraduate Associate	<input type="checkbox"/> Temporary M&P <input type="checkbox"/> Temporary C&T <input type="checkbox"/> Postdoctoral Associate	<input type="checkbox"/> Research Scientist <input type="checkbox"/> Fixed Duration; if so, length of duration: _____ <input type="checkbox"/> Other; describe: _____
If there is an existing requisition, provide requisition #:			
If request is for a Postdoctoral or Postgraduate position, was the Office of Postdoctoral Affairs consulted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, provide OPA's recommendation:
Position Title:		Position Grade:	
Position Description (condensed):			
Salary:		Hours of Work per Week:	
		Grant Funded:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Source(s) (if grant funded position, please provide IRES # or Workday Award #):			
Will Yale provide any of the following? (check all that apply):	<input type="checkbox"/> Health benefits <input type="checkbox"/> Paid time off <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Emergency travel	<input type="checkbox"/> Housing <input type="checkbox"/> Meals <input type="checkbox"/> Relocation expenses <input type="checkbox"/> Travel insurance	<input type="checkbox"/> Coverage for non-assignment-related travel (e.g., home leaves) <input type="checkbox"/> Spousal support
Anticipated Start Date:		Anticipated End Date:	
		New Position:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer of Existing Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If transfer, is this the same position employee is in currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Location (address) where the work will be performed:			

Business Purpose Information			
Has the request received HR and LA approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If a new position, was this position posted, and were other candidates interviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
Was position reviewed for independent contractor vs. employee status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
University business need for this international work location:			
What is the technical support plan (e.g., laptop use, phone, etc.)?			
What is the management support plan?			

International Information	
Name of Proposed International Employee:	
Citizenship:	Country of Residence:
Current Address:	
What unique skills make this individual significantly qualified to complete this work abroad?	
Will this individual be performing work for another institution/employer while in this proposed country?	
How often will travel be required in this role (e.g., back and forth to Yale, or between other countries outside the U.S. and assignment location)?	
Are there other Yale-affiliated individuals working at this site?	
Does Yale have a local partner or affiliated university in this proposed country?	
Does someone have knowledge regarding the immigration and/or visa requirements for this proposed country?	

Review Committee Use Only	
Are there currently employees working in this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institutional cost-benefit analysis:	
Institutional recommendations:	
Committee approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Date responded to department:	