

## Postdoctoral Scholar Recommendation for Appointment

Postdoctoral Scholars work under the close supervision of one or more Caltech professorial faculty members. A Postdoctoral Scholar must have an earned doctorate from a duly accredited institution. The standard appointment is full-time for a period of two years. Ph.D. graduates of Caltech may become Postdoctoral Scholars for up to one year only, for purposes of finishing up research “loose ends.”

**PLEASE NOTE: Recommendations for Appointment must be submitted to the EAS Division Office at least 9 weeks in advance of the proposed start date to accommodate provisions of the Collective Bargaining Agreement (CBA).** Please complete the form in its entirety. If you have questions, please contact Winter Koifman at [winterk@caltech.edu](mailto:winterk@caltech.edu).

### SCHOLAR INFORMATION

Please coordinate with the Incoming Postdoctoral Scholar to ensure the Scholar Information section is completed fully and accurately.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Legal First Name	Legal Middle Name	Legal Last Name

**Mailing Address:**

Address Line 1

Address Line 2

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	State/Region

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Postal Code	Country

**Contact Information:**

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	Phone Number

**Personal Information:**

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Birthdate (MM/DD/YYYY)	Birthplace - <b>City</b>	Birthplace - <b>State/Region</b>

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Birthplace - <b>Country</b>	Country of Citizenship	Country of Permanent Residence

**Marital Status:**

(select from dropdown)

**Gender:** ☐ Female ☐ Male

**Visa Status:**

(If nonresident alien currently in the U.S.)

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Type of Visa	Expiration Date (MM/DD/YYYY)

For H1-B Visa, read this first:  
<https://international.caltech.edu/maintainstatus/j1h1>

SCHOLAR INFORMATION CONT'D

Academic Record:

School

Degree

Major

Year Granted (YYYY)

School

Degree

Major

Year Granted (YYYY)

School

Degree

Major

Year Granted (YYYY)

Professional Experience:

Employer, Title of Position

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

Employer, Title of Position

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

Employer, Title of Position

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

APPOINTMENT INFORMATION

Proposed Start Date:

Start Date (MM/DD/YYYY)

Period of Appointment (in months):

Typical appointments are 24 months. Shorter appointments require written documentation of mutual agreement between the Incoming Scholar and Sponsor.

Months

Salary Amount Per Annum:

Amount in \$ USD

Minimum through September 30, 2025 is \$70,264.  
Minimum effective as of October 1, 2025 is \$72,723.  
Minimum effective as of October 1, 2026 is \$75,268.

Budgets to be Charged:

If using multiple PTAs, please indicate the % split that will be drawn from each one.

PTA 1

%

PTA 2

%

PTA 3

%

VERSION 2.0 [5/2025]

## OUTSIDE FUNDING

If the Incoming Scholar is funded by an Outside Supporting Agency, list the dollar amount and supporting agency below. A copy of the award letter and a [Funding Exchange Rate Currency Form](#) (if the scholarship is issued in a denomination other than USD) **MUST** be included with this recommendation form.

**Funding Period:**   **Funding Amount**   
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY) for This Period: Amount in \$ USD

**Source of Funding:**  **Comments:**   
Institution Name (optional)

**If Incoming Scholar is funded by an Outside Supporting Agency, indicate who will pay for their health insurance:**

☐ Outside Supporting Agency ☐ Faculty Sponsor - Full Amount ☐ Faculty Sponsor - Institute's Portion Only

**If insurance is to be paid, in part or in full, by the Faculty Sponsor, indicate the PTA to be charged:**

PTA (Must be non-federal funding source)

**During the Incoming Scholar's appointment at Caltech, will they be employed by another organization?** ☐ No ☐ Yes

**If yes, will the Incoming Scholar receive a U.S. IRS W-2 form?** ☐ No ☐ Yes

## SPECIAL ALLOWANCES

**Is the Faculty Sponsor providing a Hire-on Bonus or a Research Allowance to this Incoming Scholar?**

☐ No ☐ Yes - Hire-on Bonus → If Yes, indicate amount:   
Amount in \$ USD

☐ No ☐ Yes - Research Allowance → If Yes, indicate amount:   
Amount in \$ USD

**Funding Source:**   
PTA

## SUMMARY OF QUALIFICATIONS and RESEARCH TO BE CONDUCTED

**Faculty Sponsor should provide a brief summary of the Incoming Scholar's qualifications, including specific skills, areas of expertise, and research to be conducted:**

**Required Training or Qualifications (other than PhD):**

## WORK LOCATION(S)

The default work location for Caltech Postdoctoral Scholars is the Caltech campus. Some Scholars may also be assigned to work at a Caltech off-campus facility (i.e. JPL, Palomar, etc.). In extremely rare instances, which require Vice Provost approval, remote work arrangements may be made. In these instances, a [Detached Duty Form](#) must be submitted along with written justification specifying the details of the request.

☐ On campus

☐ Caltech off-campus facility →

Name of Facility

☐ Request remote arrangement (please submit the [Detached Duty Form](#))

## DEPARTMENT INFORMATION

### Form Prepared By:

First Name

Last Name

Email

4-Digit Extension

### Faculty Sponsor:

First Name

Last Name

Department (select from dropdown)

Below, please list the anticipated Caltech mail code and office assignment for the Incoming Postdoctoral Scholar. If not available, please input your **own** mail code, building, extension, and room number. **Please do not leave blank.**

### Incoming Postdoctoral Scholar:

Mail Code

Building

Room Number

4-Digit Extension

## FACULTY SPONSOR APPROVAL

I certify that, to the best of my knowledge, the information provided in this form is true and accurate.

Signature

Date (MM/DD/YYYY)

Please submit completed new appointment forms and all relevant attachments to Winter Koifman via email at [winterk@caltech.edu](mailto:winterk@caltech.edu).