

## Request to Hire a Postdoc

**Full Name of Postdoc** (as it appears on passport/visa, First LAST) \_\_\_\_\_

What are the dates for the LOI: **Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Gender** ☐ Female ☐ Male **Date of Birth** of Postdoc: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**Email** address of postdoc: \_\_\_\_\_

**Please provide 2-3 short notes on the benefits that this postdoc will provide to ISU/CoE/Dept:**

### Contact Information for the postdoc

Include full name, complete mailing address, phone number

Rate of pay (salary)

\_\_\_\_\_

Account number for salary

\_\_\_\_\_

Account number for ISSO fees (cannot be grant funds)

\_\_\_\_\_

### Attach/Complete the following:

- ☐ Planned Office Space (room/bldg): \_\_\_\_\_
- ☐ CV of visitor
- ☐ Transcripts
- ☐ Appendix A: Project Description complete

#### International ONLY

- ☐ Export Control Worksheet (description of visitor activities)
- ☐ Demographic page of passport

**Faculty Host (name):**

**Faculty Host (email):**

### FOR OFFICE USE ONLY:

Request packet complete	_____
Export control worksheet submitted	_____
LOI signed by faculty	_____
Draft offer letter	_____
CyStart completed	_____
DS-2019 sent	_____
Arrival date	_____

**APPENDIX A**  
**PROJECT DESCRIPTION**  
*(To be filled out by Faculty Supervisor)*

**Attachment to Participation Agreement of** \_\_\_\_\_  
(Name of Postdoc)

1. Participant is authorized to conduct the following research, experiential learning or service project under the supervision of a Faculty Supervisor (describe the project and the Participant's expected activities, including pre-project training and orientation): *(Add additional pages as necessary)*
  
2. List of equipment, supplies and services, including Personal Protective Equipment (PPE), to be provided by Iowa State University for participation in the project: *(Add additional pages as necessary)*
  
3. List of Project Hazards and Standard Protections:
  
4. Anticipated project start date: \_\_\_\_\_ Anticipated project end date: \_\_\_\_\_
5. Describe the Participant's access to laboratory or other project locations:  
  
Participant [check one]:  
☐ is permitted access to the laboratory/research or other project locations in absence of other members of the project team.  
  
☐ **is not** permitted access to the laboratory/research or other project locations in absence of other members of the project team.
6. Location(s) of Project Activity:  
  
Building(s): \_\_\_\_\_ Room(s): \_\_\_\_\_  
  
Outdoor Campus Locations:  
  
Other Off-Campus Locations (farms, private entities, etc.): \_\_\_\_\_
7. Faculty/Staff Supervisor agrees to abide by ISU policies, rules, and regulations including, but not limited to ISU laboratory safety standards and standards of the Department/Unit, together with all related training in general and specifically training applicable to the Project.
8. If Postdoc is not a U.S. citizen or U.S. Permanent Resident, Faculty Supervisor must complete the ISU Export Control Worksheet available at International Students and Scholars Office (ISSO).

**Approvals:**

\_\_\_\_\_  
**Faculty Supervisor Name (please print)**

\_\_\_\_\_  
**Faculty Supervisor Signature**

**Date** \_\_\_\_\_

## **Iowa State University Export Control Worksheet**

This form is required for H-1B Temporary Workers, J-1 Exchange Visitors, and for all other international visitors to determine whether or not a license is required with respect to the technology or technical data to which the prospective employee/visitor will have access. If a license is required, the employee or visitor cannot have access to controlled technology or technical data until the necessary license is obtained.

This form applies to all university activities except for activities funded through Ames Lab. Ames Lab has separate policies and procedures for export control compliance and additional Department of Energy requirements for foreign nationals, sensitive subjects, international shipments and foreign travel. Joint projects among faculty and staff conducting work funded through Ames Lab and those who are individually funded through Ames Lab will be governed by Ames Lab policies and procedures.

### **Instructions:**

Please answer the questions in Parts I and II, collect the required signatures in Part III, and email the completed worksheet to the Office of Research Integrity (ORI) at [export@iastate.edu](mailto:export@iastate.edu). If you are unable to email the worksheet, you may send it via Campus Mail to [202 Kingland](#).

**Do not upload this form to CyStart;** ORI will upload the worksheet once it is approved. **Applicants MAY NOT fill out this worksheet—it MUST be filled in by the supervising party. Be sure to answer each question as worksheets with missing information will be delayed until the information is obtained.**

If you do not understand a question, please contact Matt House at 4-0269 or Brooke Langlitz at 4-7793.

### **Part I:**

**Answer ALL questions below (REQUIRED):**

Visa Type: ☐ H-1B ☐ J-1 ☐ OPT ☐ Other/ISU not sponsoring Visa (please explain)

Application Type: ☐ New Application ☐ Extension

(For new J-1 visas only), Applicant status:

☐ Post-Doc ☐ New ISU/Exchange Student ☐ Visiting Scholar ☐ Other (please explain)

Applicant Legal Name:

Applicant Country of Citizenship:

Applicant Country of legal Permanent Residence (if different than Citizenship):

(For J-1 visas only), Applicant's Home Institution:

Applicant's UID or TEMP #:

Applicant's Date of Birth (mm/dd/year):

ISU College and Department/Center:

Applicant Supervisor: Name & Email:

Department/Center Administrative Contact: Name & Email:

Office/Labs that Applicant will have access to (building name & room numbers):

### **Part II:**

1. Provide a technical description of the research or work the applicant will conduct. Please provide enough information to perform an export control review:
2. Is any project on which the applicant will work or any portion of the applicant's salary funded directly or indirectly by a military department, branch, or office (domestic or foreign) or the Department of Energy?

☐Yes ☐No

If you answered *Yes* to question #2, answer the following questions:

- a. What is the name of the project title, as indicated on the project agreement?
- b. What is the Goldsheet or account number associated with the project?

3. Will the applicant be working with military-related technologies or weapons?

☐Yes ☐No

4. Will the applicant be working with technologies relating to spacecraft, satellites, or space-qualified systems?

☐Yes ☐No

5. Will the applicant be working with encryption software or source code?

☐Yes ☐No

6. Will the applicant be working with any viruses, rickettsiae, bacteria, toxins or fungi?

☐Yes ☐No

If you answered *Yes* to question #6, answer the following questions:

a. What is the name of the item(s) with which the applicant will be working? ***Please indicate whether the item(s) is pathogenic.***

b. Will the applicant be developing or producing the item?

☐Yes ☐No

If you answered *Yes* to question b, answer the following questions:

i. Is information about the methodology the applicant will use to develop or produce the item publicly available?

☐Yes ☐No

ii. Does the applicant intend to publish information regarding the methodology used to develop or produce the item?

☐Yes ☐No

7. Will the applicant receive or have access to information that is necessary to develop or produce any equipment or software other than standard office equipment and software?

☐Yes ☐No

If you answered *Yes* to question #7, answer the following questions:

a. What is the name of the equipment or software for which the applicant will have such information?

b. Is the information **free of charge** or available at cost and **publicly available**?

☐Yes ☐No

c. Does the applicant intend to publish the information?

☐Yes ☐No

8. Will the applicant receive or have access to information that is necessary to perform ALL of the following on any equipment or software other than standard office equipment and software: operate, install, maintain, repair, overhaul and refurbish?

☐Yes ☐No

If you answered *Yes* to question #8, answer the following questions:

a. What is the name of the equipment or software for which the applicant will have such information?

b. Is the information **free of charge** or available at cost and **publicly available**?

☐Yes ☐No

c. Is it anticipated that the applicant will publish the information?

☐Yes ☐No

9. Is any project on which the applicant will work or any portion of the applicant's salary funded directly or indirectly through a grant or contract that contains a restriction on publication (other than delay to remove confidential information or protect intellectual property) or on the involvement of foreign citizens?

☐Yes ☐No

10. Will the applicant be provided access to any unpublished, proprietary, or otherwise confidential information, materials, or software provided by a Sponsor?

☐Yes ☐No

If you answered Yes to question #10, answer the following questions:

- a. Name and describe the proprietary materials for which the applicant will have such information.
- b. Provide the sponsor's name and Goldsheet/Account/NDA/MTA numbers as applicable.

### Part III:

If the circumstances of the employment or visit change such that a Yes answer would be required for any of the foregoing questions, I agree to notify the Office of Research Integrity immediately.

**Applicant Supervisor**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

**Name:**

**Title:**

**Department Chair/**

**Director**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

**Name:**

**Title:**

ORI Office Use Only:

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- ☐ 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign Person; or
- ☐ 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary, and the petitioner will prevent access to the control technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

ORI