IREAP
INSTITUTE FOR RESEARCH IN
ELECTRONICS & APPLIED PHYSICS

Type of Action (Check One)

☐ Request for PTK Faculty Paid on Research Funds   ☐ Request for Research Graduate Assistants

Requesting PI Information

First Name: _____ Last Name: _____

Title: _____ UMD Email: _____

Effective Date: _____ End Date: _____

Unit Name: **IREAP**

Person to Hire Information

First Name: _____ Last Name: _____

Title: _____ Email: _____

Funding Source (KFS #): _____   Funding Source 2 (KFS #) if applicable: _____

FTE%: _____   FTE%: _____

Reason for Hiring & Description of Duties:

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Remarks: _____

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Requestor Approval Signature: _____

Unit Certification Signature (Research Fund are available): _____

Department Signature: _____

Note: PI must sign and forward to Judi Cohn Gorski for Unit Certification.