Semel Institute Office of Education

ACADEMIC TRAINEE OFFICE POSTDOCTORAL SCHOLAR APPOINTMENT FORM

Department Administrator Name_____

TRAINEE'S NAME_____ ADDRESS_____

PHONE _____ _____

EMAIL _____ BIRTHDATE_____GENDER_____

TITLE OF RESEARCH_____

PD TITLE CODE: (CHECK ONE PER APPT.)
3252- EMPLOYEE____3253-FELLOW____3254-PAID DIRECT_____3256 INTERIM_____
IF 3253/3254: Please note, appointment dates must match the duration of the funding.

MAIN APPOINTMENT : YES ❑ N O ❑ **SUPPLEMENT APPOINTMENT: YES ❑ NO ❑**
TEMPORARY: YES ❑ NO ❑
All 3253 FAUs must be linked to 78/43 prefix. ***IF NIH TG, unallowable insurance costs FAU_____***

_____ _____ --- _____ _____ _____ _____
FAU START DATE END DATE % SALARY/STIPEND MONTHLY FUND NAME

FUND MANAGER NAME:_____ FM APPROVAL:_____

_____ _____ --- _____ _____ _____ _____
FAU START DATE END DATE % SALARY/STIPEND MONTHLY FUND NAME

FUND MANAGER NAME:_____ FM APPROVAL:_____

_____ _____ --- _____ ;____ .____ _____
FAU START DATE END DATE % SALARY/STIPEND MONTHLY FUND NAME

FUND MANAGER NAME:_____ FM APPROVAL:_____

_____ _____ --- _____ _____ _____ _____
FAU START DATE END DATE % SALARY/STIPEND MONTHLY FUND NAME

FUND MANAGER NAME:_____ FM APPROVAL:_____

Please ensure that the following are attached:

- **Proof of doctoral degree**
- **CV**
- **Statement of Objective**
- **Graduate Division Personal Data Form**
- **Pre-hire questionnaire**
- **Graduate Division Appointment Form**
- **If 3252 Provide proof of salary/stipend support**
- **If 3253 Provide copy of statement of appointment and payment agreement.**

SPECIAL NOTES/COMMENTS:_____

APPROVAL

Faculty Mentor :_____

Name **Signature** **Date**

_____ _____ _____

PRINCIPAL INVESTIGATOR

PLEASE RETURN TO SEMEL INSTITUTE OFFICE OF EDUCATION ***FORM ATP2***