

## 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 ☐ NO ☐****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:_____					

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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 :\_\_\_\_\_

Principal Investigator Email:\_\_\_\_\_

Name

Signature

Date

\_\_\_\_\_  
**PRINCIPAL INVESTIGATOR**