ACADEMIC TRAINING OFFICE - POST DOC 3252 APPOINTMENT FORM

PERSONNEL NAME: _____ *Department Administrator:* _____

CONTACT PHONE #: _____ **ADDRESS:** _____

EMAIL ADDRESS: _____ *Continue Address:* _____

FACULTY MENTOR: _____ **BIRTHDATE:** _____

Research Titile: _____

3252 POSTDOCTORAL SCHOLAR APPOINTMENT DETAILS

POST TITLE CODE (select one for each appointment form filled):

3252 - *PD Employee* ☐ **Main Appointment:** ☐ **Appointment Start Date:** _____

YEAR 1 - Appointment Projection

Status	Pay Annual	Pay Month	Begin Date	End Date
Initial/Start Salary:				
10/1 Increase:				
Anniversary Increase:				

YEAR 2 - Appointment Projection

Status	Pay Annual	Pay Month	Begin Date	End Date
Initial/Start Salary:				
10/1 Increase:				
Anniversary Increase:				

3252 - PD EMPLOYEE FAU DISTRIBUTION OF CHARGES

FAU	START DATE	END DATE	%	MONTHLY	FUND NAME	FM APPROVAL
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						
XXXXXX-XX-XXXXX						

PRINCIPAL INVESTIGATOR APPROVAL

Principal Investigator Name: _____ **Principal Investigar Email:** _____

PI Signature: _____ **Date:** _____

PLEASE RETURN FORM VIA EMAIL TO THE ACADEMIC TRAINEE OFFICE

FORM ATP5