



**POSTDOCTORAL SCHOLAR (PS) APPOINTMENT FORM**

Name - Last (in caps), First, M.I.:		
Department:	_____	Telephone: _____
Office/lab location:	_____	Mailcode: _____
Doctorate degree & institution:	_____	Date received: _____
Years/months of postdoc experience:	_____	As of date: _____

1. Primary Appointment:  PS-Employee (3252)  PS-Fellow (3253)  PS-Paid Direct (3254)  Grandfathered 3240 or 3370

Action:  Appointment\*  Re-appointment/Merit  Amendment  Exception\*\*

Appointment begin and end dates:	_____
Salary/stipend amount:	_____
Percentage of time:	_____
Funding source (name and type):	_____
Salary justification:	_____
<i>Use additional sheets if necessary</i>	
Mentor's name:	_____
Research project name:	_____

**SUPPLEMENTATION OR ADDITIONAL COMPENSATION**

2. Secondary Appointment:  PS-Employee (3252)  PS-Fellow (3253)  PS-Paid Direct (3254)

Action:  Appointment  Re-appointment/Merit  Amendment  Exception\*\*

Appointment begin and end dates:	_____
Salary/stipend amount:	_____
Percentage of time:	_____
Funding source (name and type):	_____
Salary justification:	_____
<i>Use additional sheets if necessary</i>	
Mentor's name:	_____
Research project name:	_____

**TOTAL annual amount and percent time for both appointments:**

**SIGNATURES/APPROVALS**

1. Postdoctoral Scholar <small>*Not necessary for new appointments</small>	Name _____	Date _____
2. Faculty Mentor <small>*Attach mentor's expectation letter for new appointments</small>	Name _____	Date _____
3. Department Chair/ORU Director <small>** Attach letter for exceptions.</small>	Name _____	Date _____
4. Dean SIO/SOM or VCR VCR -Exceptions	_____	_____
Department Contact Name:	_____	
Extension/Mailcode/Email	_____	

*Please submit original and one copy to appropriate dean's office (two copies if SIO or SOM dept).*