**POSTDOCTORAL SCHOLAR (PS) APPOINTMENT FORM**

<table>
<thead>
<tr>
<th>Name - Last (in caps), First, M.I.:</th>
<th>Department:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Office/lab location:</td>
<td>Mailcode:</td>
</tr>
<tr>
<td>Doctorate degree &amp; institution:</td>
<td>Date received:</td>
<td>As of date:</td>
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<tr>
<td>Years/months of postdoc experience:</td>
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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:
   - *Use additional sheets if necessary*
   - Mentor's name:
   - Research project name:

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:
   - *Use additional sheets if necessary*
   - Mentor's name:
   - Research project name:

**SUPPLEMENTATION OR ADDITIONAL COMPENSATION**

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

**SIGNATURES/APPROVALS**

1. Postdoctoral Scholar
   - *Not necessary for new appointments*
   - Name
   - Date

2. Faculty Mentor
   - *Attach mentor's expectation letter for new appointments*
   - Name
   - Date

3. Department Chair/ORU Director
   - **Attach letter for exceptions.**
   - Name
   - Date

4. Dean SIO/SOM or VCR
   - VCR - Exceptions
   - Name
   - Date

**Department Contact Name:**

**Extension/Mailcode/Email**

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

12/12/04