**SCHOOL OF ENVIRONMENTAL AND BIOLOGICAL SCIENCES**

**ROCS #**

**POST DOCTORAL APPOINTMENT INITIATION FORM**

**Post Doc Associate Reappointment**

**(Cannot exceed 5 Appointments)**

**Post Doc Fellow Extension**

**(Classify as a Type 9 - No Stipend)**

**Employee Name (Male or Female)**

**(Must Have a PhD)**

**Department Name/Supervisor**

**Employee Home Mailing Address**

**Appointment Term Salary**

**US Citizen/Perm Res. J-1/Extension F1 STEM**

**(12-Month Max) (17-Month Max)**

**% UDO Location Business Line Project # Account Task**

**If Award Expired, please use this alternate fund source:**

**If Award Expired, NCE Approved Yes IPAS/Hold Received Yes**

**\*\*\*Attach Documentation\*\*\***

**and/or**

**Preparer Date Chair/Supervisor Date**