

**SCHOOL OF ENVIRONMENTAL AND BIOLOGICAL SCIENCES  
POST DOCTORAL APPOINTMENT INITIATION FORM**

**Post Doc Associate**  
*(Cannot exceed 5 Appointments)*

Reappointment

**Post Doc Fellow**  
*(Classify as a Type 9 - No Stipend)*

Extension

**Employee Name (Male or Female)**  
*(Must Have a PhD)*

**Department Name/Supervisor**

**Employee Home Mailing Address**

**Appointment Term**

**Salary**

**Citizen/Perm Res.**

**J-1/Extension**

**F1**  
*(12-Month Max)*

**STEM**  
*(17-Month Max)*

%	UDO	Location	Business Line	Project #	Account	Task
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**If Award Expired, please use this alternate fund source:**

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**If Award Expired, NCE Approved**  **Yes**

**IPAS/Hold Received**  **Yes**

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

**Preparer** **Date**

and/or

**Chair/Supervisor** **Date**