

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

ROCS #

Post Doc Associate
(Cannot exceed 5 Years in role)

Reappointment

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

Extension

Employee Name
(Must Have a PhD)

Department Name/Supervisor

Employee Home Mailing Address

Appointment Term

Co # of Appts. / Terms # of Total Years Salary (\$)

Citizen/Perm Res. J-1/Extension F1 (12-Month Max) STEM (17-Month Max)

FUNDING SOURCE:							
Please Select One Option				Percent		Project/Task Number	
Operating	Grant		Other				
Unit	Division	Org	Location	Fund Type	Business Line	Activity	
Please Select One Option				Percent		Project/Task Number	
Operating	Grant		Other				
Unit	Division	Org	Location	Fund Type	Business Line	Activity	

***Activity code is only required for operating accounts, fund type 100.*

If Award Expired, please use this alternate fund source:							
Please Select One Option				Percent		Project/Task Number	
Operating	Grant		Other				
Unit	Division	Org	Location	Fund Type	Business Line	Activity	
If Award Expired, NCE approved				IPAS/HOLD Received			

Preparer **Date** **and/or** **Chair/Supervisor** **Date**

Email Form to:
Business Office for Grant Accounts: **Zenash Tassew**
Budget Office for State Accounts: **Regina Williams**
Cc Sr. Program Coordinator: **Rubia Serra**