



POSTDOCTORAL AND VISITING SCHOLAR AFFAIRS

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Postdoctoral Scholar Appointment Form

Date: [ ] Employee ID Number: [ ]
Postdoc Name: [ ] Most Recent Qualifying Degree:
[ ] Ph.D. [ ] M.D. [ ] Other Degree: [ ]
Postdoc Experience: [ ] Years /Months as of the begin date of this action:
Degree Institution: [ ]
Degree Received Date (MM/DD/YYYY): [ ]
[ ] Initial Appointment [ ] Reappointment [ ] Amendment\* [ ] Exception\* [ ] Supplementation [ ] Additional Compensation

\*For amendments and exceptions, complete this form with new/desired appointment information and attach Appointment Amendment Form or Exception Justification Form, as appropriate.

Postdoctoral Scholar Appointment 1

Home Dept Name: [ ]
Begin-End Dates: [ ]
Salary and Step: [ ]
Percent Time: [ ]
Bldg & Room/Lab: [ ]

- Type of Appointment:
[ ] Employee (TC 3252)
[ ] Fellow (TC 3253)
[ ] Paid Direct (3254)

Funding Type/Source: [ ]

Description of Funding Source (index and description): [ ]

Brief Description(s) of Research: [ ]

Appointment 2

Department Name: [ ]
Begin-End Dates: [ ]
Salary and Step: [ ]
Percent Time: [ ]
Bldg & Room/Lab: [ ]

- Type of Appointment:
[ ] Employee (TC 3252) [ ] Other (description/titlecode)
[ ] Fellow (TC 3253) [ ]
[ ] Paid Direct (3254)

Funding Type/Source: [ ]

Description of Funding Source (index and description): [ ]

Brief Description(s) of Research: [ ]

Total Annual Salary/Stipend Rate and Percentage (if applicable): [ ]

Supervisor and Contact Information

Supervisor: [ ]
Dept Chair: [ ]
Dept Contact: [ ]

Contact Phone: [ ]
Contact Email: [ ]
Contact Location: [ ]
Contact Mail Code: [ ]

For Office of Postdoctoral and Visiting Scholar Affairs/Dean Health Sciences/Dean Scripps Institution of Oceanography use only:

- [ ] Approved
[ ] Declined

Comments

Initial