

Approval Request Form for Postdoc Hire

Postdoctoral Trainee: _____

Org/Department: _____

Faculty Mentor: _____

POSTDOC POSITION INFORMATION:

This Position is: _____ New appointment

 _____ Re-appointment

Annual Salary: _____

Is this Position Fully Funded from external, non-federal or federal funds?: _____ Yes _____ No

Is this Position Fully Funded from internal sources? : _____ Yes _____ No

If funding is coming from a source not identified above, please explain below:

Add funding sources and distribution percentages below:

Account String Funding Salary	Percentage

Department-level Approval must be signed by Chair, Division Director, or Administrator/ Fiscal Officer

Departmental Approver Name: _____

Departmental Approver Title: _____

Date: _____

By signing this form, the department is responsible for bridging support if funding above is not sufficient.

Departmental Approver Signature: _____