

INITIAL UTHealth POSTDOCTORAL RESEARCH FELLOW APPOINTMENT REQUEST WORKSHEET

DEPARTMENT: Complete form and return to the Office of Postdoctoral Affairs with required documents attached. **This document is to be completed by the UTHealth Department representative and not the postdoctoral appointee.**

APPLICANT DATA

Last Name: _____

First Name: _____ MI. _____

Gender: _____ Marital Status: _____ Date of Birth: _____

Degree: Ph.D. M.D. M.D. /Ph.D. Other (please specify): _____

Is applicant a United States Citizen? Yes No If not, Country of Citizenship _____

Current VISA type: _____ Expiration date: _____ Type of Visa request for this appointment _____

APPOINTMENT DATA - check all which are applicable

_____ New Appointment _____ Salary Change _____ Other (explain)

Annual Salary: _____ Funding Source _____ Type of Grant _____

FMS Full Account Information:

Operating Unit: _____ Dept. ID: _____ Fund: _____

Project/Grant: _____ Program: _____ Account: _____

School: _____ Department/Division: _____

Physical Worksite Address/es:

Area of Research: _____

Proposed Start Date: _____

Proposed End Date: _____

Department Administrator

Date

Faculty Administrator

Date

Director, Office of Postdoctoral Affairs

Date

* Signature of Mentor affirms understanding of responsibilities to the Postdoctoral Research Fellow and adherence to all HOOP policies and postdoctoral procedures.