

INSTRUCTIONS FOR THE ENROLLMENT OF A UC Merced POSTDOCTORAL SCHOLAR :

Appointment Action: Indicate if this action represents a new enrollment, termination or extension of appointment, or other type of revision (i.e., change in enrollment dates).

Program of Research: Indicate the scope and objective of the research and/or training project.

UC Merced Appointing School or Unit: Provide four-digit department code and school or unit name and list the name and UID of the faculty sponsor of the proposed appointment.

Proposed Period of Appointment: Indicate beginning and ending dates of the proposed appointment.

Postdoctoral Support Package:

Support Type: Indicate whether the appointment is funded by a fellowship, traineeship, research grant, employment or other type of support.

Funding Source Start and End Dates: Indicate period of funding.

Percent Effort Attributable: If appointment is being funded by more than one source, indicate the percent effort attributable to each source. If additional support is supplemental and not requiring additional effort, please write "supplemental."

Granting Agency/Fund Source: Identify source(s) of support.

Health Insurance Enrollment: As a condition of enrollment as a postdoctoral scholar, UC policy requires that all scholars have evidence of medical insurance coverage. If not eligible for UC-employee benefits or not enrolled in the Postdoctoral Signature Health Plans, proof of existing coverage through an outside provider must be attached.

School or Unit Contact Information: Identify the school or unit administrator who should be contacted if there are any questions pertaining to the proposed appointment and/or when the appointment has been approved or denied. Please include phone extension and campus mailing address.

Departmental Signatures: Identify scholar's faculty sponsor and school dean/unit head and have each authorize the appointment request by signing their names.

Attachments:

In addition to the Appointment Form, the following documents must be attached in order to complete the application:

1. Postdoctoral Scholar Personal Data Form;
2. A copy of the nominated scholar's curriculum vitae;
3. A personal statement of objective from the nominated scholar. This statement should describe in 250 words or less the research and training objectives of the postdoctoral scholar's proposed appointment;
4. Evidence of completion of the doctoral degree (Ph.D., M.D., or its equivalent); and
5. Proof of existing medical insurance coverage (if not enrolled in UC-benefits or the Postdoctoral Signature Health Plans).

PRIVACY NOTIFICATION

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is mandatory pursuant to the authority of the Regents of the University of California under Article IX, Sec. 9 of the California Constitution. This record keeping system was established prior to January 1, 1975. The Social Security number is used to verify your identity.

The University of California in compliance with Title IV of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age of Discrimination Act of 1975, does not discriminate on the basis of race, color, national origin, sex, disability, or age in any of its policies, procedures or practices; nor does the University discriminate on the basis of sexual orientation. This nondiscrimination policy covers admission and access to, and treatment and employment in, University programs and activities, including but not limited to academic admissions, financial aid, educational services, and student employment.

Inquiries regarding the University's equal opportunity policies may be directed to the Academic Personnel Office, P.O. Box 2039, Merced, California 95344.

The principal purpose for requesting the information on this form is to comply with campuswide regulations concerning the enrollment of Postdoctoral Scholars with the Graduate Division. University policy authorizes maintenance of this information. Furnishing all information required in this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being completed. Information furnished on this form may be used by various University departments for statistical analysis, payroll and accounting purposes and will be transmitted to the state and federal governments, if required by law. You have the right to review personal information maintained about you in accordance with University policy and may contact either the office of record maintaining such information or the Academic Personnel Office, for more information concerning your rights. The office responsible for maintaining the information contained on this form is the Academic Personnel Office, P.O. Box 2039, Merced, California 95344.