# UC Merced

## Postdoctoral Scholar Appointment Form

**Form to be completed in its entirety by the nominated scholar's sponsoring school or unit**

**Appointment Action:** ☐ New ☐ Re-appointment ☐ Other Revision

Scholar's Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

Email Address: _____

Work Location (campus & room): _____
IF MULTIPLE LOCATIONS, LIST ALL

**UC Merced Appointing School or ORU:**

_____ _____ _____
FACULTY MENTOR'S NAME | AREA (E.G.- MECHANICAL ENGINEERING) | PHONE EXTENSION

_____ _____ _____
CONTACT NAME | NAME OF SCHOOL OR UNIT | PHONE EXTENSION

**Proposed Period of Appointment Date:** From: _____ To: _____

**Description of Responsibilities and Duties** (Please be specific and attach a separate page, if needed):

**Postdoctoral Support Package (See instructions):**

| SUPPORT TYPE | FUNDING SOURCE START AND END DATES | PERCENT EFFORT ATTRIBUTABLE | ANNUAL AMOUNT * | FUND SOURCE (CCOA) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Recommended by Faculty Mentor:

_____ _____
SIGNATURE DATE

_____
NAME AND TITLE

**A salary justification should be submitted for any salary recommendation more that 1 level above the required minimum experience level of the Postdoctoral Scholar.*

*I certify that the amount of total support shown does not exceed that of other postdoctoral scholars in my unit/lab with equivalent education and qualifications.*

## INSTRUCTIONS FOR THE APPOINTMENT OF A UC MERCED POSTDOCTORAL SCHOLAR

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

**UC Merced Appointing School or Unit:** Provide school or unit name and the name of the faculty sponsor of the proposed appointment.

**School or Unit Contact Information:** Provide school or unit administrator who should be contacted if there are any questions pertaining to the proposed appointment. Please include phone extension.

**Proposed Period of Appointment:** Indicate beginning and ending dates of the proposed appointment. Initial appointments must be for one year. Reappointments, under certain circumstances, may be for less than one year. See Academic Personnel Analyst for criteria.

**Description of Responsibilities and Duties:** Indicate the scope and objective of the research and/or training project. Be specific, this information will be used as part of the Postdoctoral Scholar's appraisal.

**Postdoctoral Support Package:**

Support Type: Indicate whether the appointment is funded by a fellowship, traineeship, research grant 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.

Fund Source: Identify FAU to be charged.

**Unit Signatures:** Identify scholar's faculty sponsor and have them authorize the appointment request by signing their name

**Attachments:**

In addition to the appointment form, the following documents must be attached in order to complete the appointment

1. Postdoctoral Scholar Personal Data Form (UCM-AP 411)
2. A copy of the nominated scholar's curriculum vitae
3. Evidence of completion of the doctoral degree (Ph.D., M.D., or its equivalent)
4. Funding confirmation
5. Salary justification, if needed

## INSTRUCTIONS FOR THE APOINTMENT OF A UC MERCED POSTDOCTORAL

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 Discrimination Action of 1971 .

Inquires regarding the University's equal opportunity policies may be direct to the Academic Personnel Office, 5200 North Lake Road, Merced, California 95343.

The principal purpose for requesting the information on the form is to comply with campus-wide regulations concerning the enrollment of Postdoctoral Scholars. University policy authorizes maintenance of this information. Furnishing all information required on 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 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, 5200 North Lake Road, Merced, California 95343.