

THE UNIVERSITY OF NEW MEXICO
 Post Doc Contract and Information Form (PDCIF)

Org Code: _____ Position#: _____ Banner ID: _____

Name: _____ Department: _____
 Last First Middle

Department Contact: _____ Phone: _____

Appointment: _____
 Start Date End Date* FTE 12 Month Base Salary

***Appointment dates cannot exceed 12 months. A new PDCIF is to be used to extend and renew appointments.**

Account Distribution:

Index #	Restricted?	Percent	Start Date	End Date

Termination:

Effective Date: _____ Reason: _____
 Forwarding Address: _____ Resignation Released
 _____ Deceased Transfer
 _____ End of Assignment

NOTE: The only signatures required for termination are from the Principal Investigator, Department and the Faculty Contracts Office

Approvals:

Post Doc _____ Date _____
 Principal Investigator/Faculty Mentor _____ Date _____
 Department Chair _____ Date _____
 College Dean _____ Date _____
 Faculty Contracts Office _____ Date _____