

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

Org Code: \_\_\_\_\_ Position # \_\_\_\_\_ Banner ID \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_  
Last First Middle

SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Department Contact & Phone \_\_\_\_\_  
Only required if new to UNM

Appointment: \_\_\_\_\_  
Start Date End Date\* FTE 12 Month Base Salary Total Salary

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

Is this a  NRSA or  Kirschstein Grant

**Account Distribution:**

Index #	Restricted?	Percent	Start Date	End Date
_____	_____	%	_____	_____
_____	_____	%	_____	_____
_____	_____	%	_____	_____
_____	_____	%	_____	_____

**Termination:**

Effective Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Resignation \_\_\_\_\_ Released \_\_\_\_\_  
 Termination from UNM Payroll  Yes or  No \_\_\_\_\_ Deceased \_\_\_\_\_ Transfer \_\_\_\_\_  
 Forwarding Address \_\_\_\_\_ 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 \_\_\_\_\_

*Original to Payroll*

*Copies to: FCO Department Post Doc*