

5-Year End Date: _____

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 _____
Supervisor and Supervisor Banner Id

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 _____