

Post-Doctoral Appointment Cover Sheet

The following documents are to be included in the enclosed Postdoctoral Appointment Packet and delivered to:

Patricia Bond, Assistant Dean
The Graduate School
202A Ezra Gillis Building, 0033
Phone Number: 257-4905
Fax Number: 323-1928
E-mail: pat.bond@uky.edu

- 1) Completed Notice of Appointment Form
 - a) Name, Social Security Number.
 - b) Educational/Research Unit, Major Code
 - c) Scholar or Fellow
 - d) Period of appointment (must end on or before June 30)
 - e) Initial Appointment or Reappointment
 - f) Base Salary (annual), Sponsoring Professor
 - g) Signatures (*all* must be originals; no stamps please)

- 2) Enrollment Form – Please include all requested information including
 - a) Birthdate
 - b) Visa Type
 - c) Country of Origin
 - d) Addresses: Local Mail and E-mail

- 3) Curriculum Vitae
Updated to include Ph.D. award date, *month* and year degree was awarded if within current academic year.

- 4) PAR and any necessary attachments

- 5) Beginning dates must correspond with Notice of Appointment Form.

- 6) Salary must correspond with Notice of Appointment Form.

- 7) Hours 173.33, FTE 1.000 for scholars, 0 for fellows

- 8) Earning code 086 for scholars, 052 for fellows.

Prepared By: _____

Phone: _____ Fax: _____ E-Mail : _____

University of Kentucky Post-Doctoral Enrollment Form

Social Security Number: _____ / _____ / _____.

Name: _____

(Last) (First) (Middle)

Male: _____ Female: _____ Birthdate: _____

Program Code/Name (Departmental Affiliation): _____

Citizenship:

Non U.S. Citizen: Country of Citizenship _____
Non-Resident Alien _____ (8)

_____ Visa Type _____

U.S. Citizen: Ethnic Background (check one)
American Indian/Alaskan Native _____ (1)

Asian/Pacific Islander _____ (2)

Black, Non-Hispanic _____ (3)

Hispanic _____ (4)

White, Non-Hispanic _____ (5)

Mexican-American _____ (6)

Puerto Rican _____ (7)

Local / Current

Address: _____

Street

Apt.

City

State

Zip

Mailing Address (if different than above): _____

Permanent/Home Address (if different than
above) _____

Phone: _____ E-Mail Address: _____

County, State, Territory or Country of Legal Residence at time of first admission or
appointment to the University of Kentucky (if state is Kentucky, please list the
county also): _____

Date: _____