

North Carolina Agricultural and Technical State University
Division of Human Resources

Postdoctoral Hiring Authorization Form

To be completed and submitted to the Division of Human Resources at least thirty (30) days prior to the proposed effective date along with all required documents (see instructions).

Name _____ Social Security # _____
(For payroll purposes only)
Visa Status (if applicable): ___ F1 Opt ___ J1 Exchange Visitor ___ H1B ___ Other _____
Effective Date _____ End Date _____ Position Number _____
Division _____ Department _____
Name of Principal Investigator _____

Position Type

___ Postdoctoral (Initial Appointment)
___ Second Year Extension
___ Third Year Extension

Source of Funds

<u>Complete Budget Subhead</u>	<u>Annual Amount</u>	<u>F.T.E.</u>	<u>Funds End</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	_____

Approvals

Principal Investigator/Date

Director Contracts & Grants/Date

Dean or Department Head/Date

Budget Officer/Date

R & E Development Vice Chancellor/Date

Human Resources Action

Date Submitted _____ Effective Date _____ Position Number _____
Human Resources Approval _____ Date _____