

Postdoctoral Associate Extension Request University of Florida

Date: _____

Information

Postdoc's Name: _____

UFID: _____

Postdoc's Current Department: _____

College/Unit: _____

Department ID: _____

Postdoc's Original
Appointment Date: _____

Postdoc's Requested
Extension Date: _____

Documentation

Attached:

- / / Justification for Extension
- / / Exit/Transition Plan
- / / Individual Development Plan
- / / Copies of annual evaluations

Signatures

Postdoctoral Associate: _____

PI's Name and Email: _____

Approval: _____

Dean's Name: _____

Approval: _____

Provost's Approval: _____

Submit completed form to Rebecca Holt, Office of the Provost, bholt@aa.ufl.edu .