Postdoctoral Associate Extension Request
University of Florida

Date: _____

<u>Information</u>

Postdoc's Name: _____

UFID: _____

Postdoc's Current Department: _____

College/Unit: _____

Department ID: _____

Postdoc's Original   Postdoc's Requested

Appointment Date: _____   Extension Date: _____

<u>Documentation</u>

Attached (copies of all items must be attached):

        Justification for Extension

        Exit/Transition Plan

        Individual Development Plan

        Copies of annual evaluations

<u>Signatures</u>

Postdoctoral Associate: _____

PI's Name and Email: _____

Approval: _____

Dean's Name: _____

Approval: _____

Associate Provost's Approval:_____

Submit completed form to the Associate Provost for Academic and Faculty Affairs, CJHass@aa.ufl.edu.