



Direct Paid Fellowship Memorandum Of Understanding

March 1, 2017

This form is used for direct/self-funded paid fellowship (stipend paid directly to individual). The individual will be appointed as a Courtesy Postdoctoral Associate or Courtesy Postdoctoral Fellow. All signatures must be on the form before Human Resource Services will review and approve the courtesy appointment. Questions can be directed to Academic Personnel at 352-392-2477.

Name _____ UFID _____

College _____ Department _____

Department Phone Number _____ CO Post Doc Associate CO Post-Doc Fellow

Appointment Dates: (not to exceed 4 years) Start Date _____ End Date _____

Acknowledgement for Individual:

I understand that I am not an employee of the University of Florida and that no payment stipend is being given to me as I am receiving a direct/self funded fellowship stipend.

Worker's Compensation: Since services are not required and no employment relationship exists between you and the University of Florida, you are not covered under worker's compensation (F.S. 440.02).

Post Doc Associate/Post Doc Fellow Signature

Date

Acknowledgement for Department:

I acknowledgement that the individual named above is not being awarded a fellowship or payment from the University of Florida and money for the study or research that this individual is involved with at UF is paid directly to the individual.

Chair, or PI (No Delegate Allowed)

Date

College Associate Dean for Research

Date

Human Resource Services

Date