

*This form should be used to request a training program for a single or multiple post-doctoral trainees. Items highlighted and in italics are to be completed by the mentor. Send completed form to your HR Liaison in the Dean's Office.*

## MEMORANDUM

**To:** *department chair*  
**From:** *trainee's mentor*  
**Date:** *enter date*  
**Re:** Professional Activities Planned for Research Postdoctoral Fellowship

I request formal recognition for a training program as follows:

*Describe broad area of research and specific research project, including specific goals and methods of evaluating trainee's progress, length of the traineeship, the identity and qualifications of the individual to be trained, and the source of the funds (i.e., UVA account numbers).*

### Acceptances

Mentor:

My signature below attests that:

1. I understand that the postdoctoral fellowship is a training position that will provide the trainee with a stipend.
2. I have not made and I will not make any implicit or explicit offer of employment to the trainee.
3. I understand that this training position primarily benefits the trainee and that failure to make satisfactory progress (which includes failure to abide by the School of Medicine Code of Conduct) is the only reason for terminating this relationship.
4. I will explain to the trainee that this appointment provides no health insurance or other benefits or withholding of taxes, and that the trainee is responsible for determining whether or not the fellowship must be reported to the IRS by filing an annual tax return and paying the requisite taxes.

Printed Name of Mentor \_\_\_\_\_

Department \_\_\_\_\_

Signature/date \_\_\_\_\_

Start/end dates of training program: \_\_\_\_\_

Department Chair(s):

I/we affirm that this is an approved training program; that funds are encumbered from the designated source(s) for the period specified in the program description; and that institutional funds, if designated, have been specifically allocated to support this training program.

Name of Chair \_\_\_\_\_

Signature/date \_\_\_\_\_

SOM approval:

Assistant Dean for Research \_\_\_\_\_