

## Office of Research and Innovation

Suite 344 Gzowski College –
Symons Campus Peterborough
Ontario, Canada K9J 7B8
705.748.1011 x7866

## Application for Postdoctoral Fellow

All fields in this form must be filled out before submission. If not applicable, please type N/A.

## **Postdoctoral Fellow Information:** Family name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_ Social Insurance Number: \_\_\_\_\_ If current address is temporary Indicate leaving date: Phone number: Job Offer Details: Job Title: \_\_\_\_\_ Start Date (DD/MM/YYYY): End Date (DD/MM/YYYY): Expected Duration of Employment: \_\_\_\_\_ Address of Primary Physical Job Location: Postal Code: \_\_\_\_\_ City: \_\_\_\_ Province: \_\_ **Supervisor Information:** Address: \_\_\_\_\_ Office number: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_ Province: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_ **Minimum Education Requirements:**

Main duties of job:		
Other training required:		
Experience and skills req	uired to complete t	the ioh duties:
Provincial/Federal certific	cation, licensing or	registration requirements for the job:
Wage and Benefits:	Type of Wa	ao:
J	Type of wa	ye.
Hourly Hourly Wage: \$_	Salaı	ried Annual Salary: \$
		Total Annual Salary Cost <sup>1</sup> : \$
		Total Aimaal Salary Sost . \$
Any Overtime Pay: Yes	No	If Yes, Rate:
Starts after how many Hours:		· · · · · · · · · · · · · · · · · · ·
otarts after now many flours.		
	Hours of wo	лк.
		Per Month:
<sup>1</sup> Legislated benefits are 10.46%	, and vacation is 4% [or	6% if greater than 5 years' of University service

The Annual Salary is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your Total Annual Salary Cost. Use Excel file: 'Research Personnel Salary Calculation Template' to aid in salary budget calculation.

Alternative Compensation Scher	me (if applicable):
Benefits Offered? Details:	
Emergency Contact Information	on:
Emergency Contact Name:	
Emergency Contact Address:	
Emergency Contact Telephone #:	
Academic Nature of Appointm Please outline the proposed acade research assistantship, and/or part-	mic nature of the appointment, including details of fellowship
Confirmation of space allocat	ion:
Office space is secured. <sup>2</sup>	
Office space is not required.	

 $<sup>\</sup>frac{}{^2}$  Supervisors should contact the Dean's Office/Science Facilities if they need assistance securing office space for this appointment.

F	Proposed Plan of Research:					
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## Attachments (attachments must be submitted with the application)

	Letter of Support signed by Department/Program Chair					
	Curriculum Vitae					
	Informed Consent Waiver (unpaid positions only)					
Signa	tures					
Postdo	ctoral Fellow	Date				
Superv	isor(s)	Date				
Appro	oval					
	resident, Research and Innovation r Authorized Representative	Date				