

POSTDOCTORAL FELLOW (PDF) APPOINTMENT FORM

Notes:

- 1. This form is a confidential, internal communication between the PDF Supervisor, the Faculty of Graduate and Postdoctoral Affairs (FGPA), Human Resources, and Research Accounting.
- 2. For domestic PDFs the Faculty of Graduate and Postdoctoral Affairs (FGPA) requires a **minimum** of 1.5 months advance notice of the PDF's start date to ensure that they are registered by their start date. For international PDFs, FGPA requires a **minimum** of 3.5 months advance notice of the PDF's start date to allow the PDF time to apply for a work permit.
- 3. You do not need to submit a Payroll Profile for PDF appointments.

SECTION A: PDF'S INFORMATION

PDF Status (check one):	New PDF	PDF Renewal	PDF Extension
PDF Citizenship (check one):	PDF is a Canadian Citizen/Permanent Resident		PDF requires a work permit/visa
Surname:	Given Name(s):		
E-mail Address (Carleton email preferred):			

SECTION B: PDF SUPERVISOR'S INFORMATION

Banner/Employee ID:	
Surname:	Given Name(s):
Department/School/Institute:	Carleton E-mail Address:

SECTION C: ADMINISTRATIVE and FINANCIAL INFORMATION₂

Term of Appointment: Start:	_____	_____	_____	End:	_____	_____	_____
	Month	Day	Year		Month	Day	Year
Source of Funding:	PDF Supervisor's research fund/grant (please specify funding agency and account details below)			Externally-Funded directly by funding agency (please specify funding agency below)			
	_____			_____			
Account Details:	_____	_____	_____	_____			
	Fund	Org.	Account	Program			

¹ Citizenship and Immigration Canada (CIC) requires employers to pay a \$230 "Employer Compliance Fee" in order for International PDFs to apply for permission to work in Canada. It is the PDF Supervisor's responsibility to pay this fee. Please make a journal or BAR transfer to 100,000-301-719104 or send a cheque payable to: Faculty of Graduate and Postdoctoral Affairs, Carleton University, Suite 512-Tory, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6. Once this fee has been received, FGPA will pay the fee and file the required paperwork for your PDF to be able to apply for their work permit.

² PDF appointments paid in whole or in part from Tri-Council grants are subject to eligibility requirements. The PDF Supervisor is responsible for ensuring that these requirements are met. Information on eligibility can be obtained from Research Accounting.

PDF APPOINTMENT FORM (cont'd...)

PDF Name:

Supervisor Name:

SECTION C: ADMINISTRATIVE and FINANCIAL INFORMATION (cont'd...)

Totals below are (check one):

Per Month

Per Annum

1.	Please indicate the amount you wish to offer the PDF through funds held by Carleton PDF Supervisor:	\$
2.	Add \$163.16/month (\$1,957.92/annum) for PDF Benefit Plans:	\$
3.	On May 1, 2017, PDF salaries will increase by 1.75%/annum. If your PDF's appointment extends beyond April 30, 2017, please add 1.75% for the period starting May 1, 2017) ⁴ :	\$
4.	Add #1 and #3, above:	\$
5.	Add 10% of amount listed in #4, above to cover employer portion of statutory deductions ⁵ :	\$
6.	Add \$230 for Citizenship and Immigration Canada Fee (International PDFs only):	\$
7.	Amount allocated for PDF position through external source(s):	\$
8.	Total amount offered to the PDF (1 + 7) ⁶ :	\$
9.	Total amount from all sources above (Sum of 1 through 6) ⁷ :	\$

SECTION D: CHECKLIST

For PDFs who require a work permit/visa: Please confirm that you have transferred a \$230 payment to FGPA for the mandatory Citizenship and Immigration Canada Employer Compliance Fee.

Yes

N/A

Supervisors in Engineering: please confirm that you have filled in and submitted an Engineering Space Form.

Yes

N/A

SECTION E: DECLARATIONS and SIGNATURES

Note: PDF Supervisor must obtain all of the signatures in this section.

I certify that the information provided on this form is, to the best of my knowledge, correct and complete.

PDF Supervisor Name (Please Print)

PDF Supervisor Signature

Month

Day

Year

I approve of the Postdoctoral Fellowship, as presented on this form.

Chair/Director Name (Please Print)

Chair/Director Signature

Month

Day

Year

I approve of the Postdoctoral Fellowship, as presented on this form.

Faculty Dean Name (Please Print)

Faculty Dean Signature

Month

Day

Year

³ You must budget for this expense, but note that it will only apply if your PDF opts into the Benefit Plan at the Family Rate. The cost will be less if the PDF opts into the Single Plan. If the PDF does not opt into a Benefit Plan, this expense will not apply.

⁴ Applicable only if funding from PDF Supervisor's grant equals at least \$16,000/annum (prorated for shorter appointments). If your PDF starts on or after May 2, 2017, this fee does not apply.

⁵ Applicable only if funding from PDF Supervisor's fund equals at least \$16,000/annum (prorated for shorter appointments).

⁶ This is the PDF's gross salary.

⁷ This is the amount that you must budget in your fund for this fellowship.

PDF APPOINTMENT FORM (cont'd...)

PDF Name: _____

Supervisor Name: _____

SECTION E: DECLARATIONS and SIGNATURES (cont'd...)

Note: PDF Supervisor must obtain all of the signatures in this section.

I have reviewed Section C and confirm that, as of this signature date, there are sufficient funds available in the grant holder's account, for this Postdoctoral Fellowship.

 Research Accounting Rep. Name
 (Please Print)

 Research Accounting Rep. Signature

 Month

 Day

 Year

SECTION F: COMMENTS

Please enter questions or comments in the space below:

Please send completed forms to FGPA, 512 Tory Building or email to FGPA.EA@cunet.carleton.ca
 For information regarding next steps, please contact [FGPA](#).

FGPA Use Only

Based on the information provided above, is the PDF in the union (circle one)? Yes No

I approve of the Postdoctoral Fellowship, as presented on this form.

 FGPA Dean Name (Please Print)

 FGPA Dean's Approval Signature

 Month

 Day

 Year

I confirm that a scan of this document has been emailed to the HR and Payroll offices.

 FGPA Admin. Name (Please Print)

 FGPA Admin. Signature

 Month

 Day

 Year

Comments:

Payroll Use Only

PDF's Gross Salary: \$ _____

PDF's Banner ID: _____

PDF's Position Number: _____

Circle one: Per Month Per Annum

 Payroll Representative's Name (Please Print)

 Payroll Representative's Signature

 Month

 Day

 Year

Comments:

Human Resources Use Only

Has the PDF opted into the Benefit Plan? (circle one) Yes No If 'yes', circle plan: Single Family

 HR Representative's Name (Please Print)

 HR Representative's Signature

 Month

 Day

 Year

⁸ If you are emailing this document, digital and/or scanned signatures must be included.