

# Postdoctoral Fellow (PDF) Appointment Form

**New Appointment**

**Renewal**

## Supervisor Information

Supervisor First Name: \_\_\_\_\_ Supervisor Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Department Contact Email: \_\_\_\_\_

## Postdoctoral Fellow Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Citizenship: Canadian Citizen / Permanent Resident      Non-Canadian (If selected please review [LMIA Exemption Process](#))

## Research Activities

1. Please attach a copy of the candidate's CV along with this form.
2. Please provide a description of research activities which the PDF will be involved with as well as any other responsibilities:  
If additional space is required please attach a separate page along with this form.

## Teaching

Will the PDF be assigned to teach degree-credit courses as part of the contract?      Yes      No

If yes, please provide details:

**Funding Information**

**A. Source of funding:<sup>1</sup>**

**Supervisor’s research fund/grant.** Specify account details in section C.

**Externally-funded directly by funding agency.** Specify: \_\_\_\_\_

If exclusively externally funded, skip to section D.

**B. Is this position wholly or partially funded through the OMAFRA and University of Guelph Agreement?**      **Yes**      **No**

**C. If internally funded, provide account details:**

	Fund	Unit	Grant	Project	Object	Distribution
Account 1:						
Account 2:						

**D. Additional funding provided (i.e. relocation costs, conferences, research-related expenses):**

**E. Calculation of PDF appointment cost:**

Totals below are (choose one):      **Per Month**      **Per Annum**

**1.) Base Stipend - Funds held by the University of Guelph PDF Supervisor(s)<sup>2</sup>:**

**2.) Teaching Stipend - Funds held by the University of Guelph PDF Supervisor(s)<sup>3</sup>:**

**3.) Additional Monthly/Annual Funding (if applicable):**

**4.) External Stipend - Funds allocated through external source(s):**

**5.) Total amount offered to the PDF (add lines 1 to 4)<sup>4</sup> :**

(International PDFs Only) Supervisors/Departments will be charged \$230 fee when completing the [LMIA Exemption](#) for CIC

**F. Reduced Workload<sup>5</sup>:**

**If this position has a reduced workload, specify (hours/week):**

<sup>1</sup> 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](#)

<sup>2</sup> This amount does not include the current benefit rate. You will need to ensure adequate funds in your budget to account for this additional expense.

<sup>3</sup> Teaching stipends should be consistent with other employees hired to teach degree-credit courses on a per-course basis.

<sup>4</sup> This is the PDF’s gross salary.

<sup>5</sup> The normal work week is 35 hours from Monday to Friday.

**Declarations and Signatures**

The PDF Supervisor is responsible for obtaining the following signatures:

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

--	--	--

**PDF Supervisor**

**Signature**

**Date**

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

--	--	--

**Chair/Director or Designate**

**Signature**

**Date**

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

--	--	--

**Dean or Designate**

**Signature**

**Date**

**Comments**

Please send the completed form to the Office of Graduate and Postdoctoral Studies, 3rd Floor, University Centre or email to [postdoc@uoguelph.ca](mailto:postdoc@uoguelph.ca). For more information, please contact [OGPS](#).

**OGPS Use Only**

I confirm that the appointment has been reviewed and complies with the minimum standards for PDF appointments at the University of Guelph.

--	--	--

**Records & Postdoctoral Officer**

**Signature**

**Date**

--	--	--

**Assistant Vice President (Grad Studies) or Designate**

**Signature**

**Date**

**Comments:**