

Request for Postdoctoral Scholar Offer Letter Form

Appointment Type:					
SUPERVISOR INFORMATION					
Supervisor First Name:		Supervisor Last Name:			
Email Address:		Position Number:			
Faculty:	Department:		D	epartment ID:	
Administrative Assistant:		Administrative Assistant Emai			
If no administrative assistant contact in	nformation is available, prov	ide contact infor	mation for an onboa	arding coordinator	
Onboarding Coordinator:		Onboarding Coordinator E	mail:		
POSTDOCTORAL SCHOLAR INFO	RMATION				
Postdoctoral Scholar First Name		Postdoctoral S	cholar Last Name		
Start Date (mm/dd/yyyy)	End Date (mm/dd/y	үүүү)	Days off		
** When prov	iding funding source info	armation place	per Year	viact and dates	
when prov	do not occur before t			jeet end dates	
RESEARCH ACTIVITIES					
Please provide a description of researc	h activities which the PDS w	ill be involved wi	th as well as any oth	ner responsibilities.	
FOR POSTDOCTORAL SCHOLARS	S IN THE FACULTY OF I	MEDICINE			
Will the PDS have contact with patients	s or research participants?	Yes	No		
If yes, please explain:					
FOR INTERNATIONAL POSTDOC Canada Offer of Employment F				Citizenship and	Immigration
Will the PDS work at locations outside	the UofC Main Campus (250	00 University Dr N	IW)? Yes	No	
If yes, please specify where and include	e the address of the locatior	1:			
Please list the experience and skills req	uired for this position.				

Annual	l fellowshi	p/stipend	amount
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Minimum stipend recommendation:

In order to keep our academy competitive, the minimum stipend required at the University of Calgary is \$40,000 per year plus Plan C extended health and dental benefits. Please enter the appropriate Research Project Accounting Information "Fund" Code(s) to which the stipend and benefits will be charged.

FUNDING SOURCE 1

Fund:	
Dept. ID:	
Project:	
Activity Code:	
Percentage Charged:	

FUNDING SOURCE 3

Fund:	
Dept. ID:	
Project:	
Activity Code:	
Percentage Charged:	

FUNDING SOURCE 2

Fund:	
Dept. ID:	
Project:	
Activity Code:	
Percentage Charged:	

There must be sufficient funding in all funding sources to cover the full length of the appointment. The length of the appointment may be adjusted to accommodate the availability of funding or the request for offer letter may be rejected if there is not sufficient funding.

Additional Funding:

(Include as applicable any other funding available, such as for conferences, relocation costs, and other research-related expenses.

FUNDING SOURCE FOR BENEFITS

Fund:	
Dept. ID:	
Project:	
Activity Code:	

Benefits will be charged to Funding Source 1 unless an alternate account is entered. Only one account may be used to cover benefits.

Cost of Plan C Benefits: Single coverage: \$71/month

Family coverage: \$114.91/month

EMPLOYER COMPLIANCE FEE FOR INTERNATIONAL POSTDOCTORAL SCHOLARS - MANDATORY FEE: \$230

Employers hiring foreign nationals who are exempt for the LMIA process (this includes postdoctoral scholars) will be required to submit information about their business or organization, complete the Offer of Employment form, and pay a compliance fee of \$230 per work permit to Citizenship and Immigration Canada. This fee must be paid by the supervisor or department. For more information, visit http://ucalgary.ca/research/postdoc/faculty-and-staff/recruiting-postdoc#compliancefee.

In order for HR Immigration Services to complete the Offer of Employment Form and pay the Compliance Fee, please complete the Employer Compliance Fee Payment Form (available at <u>http://ucalgary.ca/research/postdoc/forms</u>) and submit to postdoc@ucalgary.ca along with the Request for Offer Letter Form.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to process new hires and facilitate the administration of payroll and benefits information. If you have questions about the collection or use of this information, please contact 403.220.5932.