



Date _____

Name _____

Address _____

Dear _____,

We are pleased to offer you an appointment as a postdoctoral fellow at Concordia University (the “University”) in accordance with the terms set out below. This appointment is contingent upon: 1) receipt of a copy of your doctoral degree certificate or official confirmation that you have met all your degree requirements and that the doctoral degree is forthcoming; and 2) the verification of the credentials and references you have provided.

If, at the University’s sole discretion, the information and/or references provided do not meet the University’s required standards, the present offer will be retracted. Concordia University incurs no responsibility for any costs and/or damages related to such retraction of the present offer.

Your appointment is subject to the Policy on Postdoctoral Fellows (VPRGS-4) as well as the related Guidelines. It is your responsibility to read and abide by this Policy and related Guidelines as well as all applicable University policies, including without limitation, the Policy on Intellectual Property (VPRGS-9), the Policy on Conflicts of Interest in Research (VPRGS-5), and the Code of Ethics: Guidelines for Ethical Actions (BD-4). All University policies may be consulted online at the following address: <http://vpexternalsecgen.concordia.ca/policies/>

The specific terms of the appointment offer are:

Academic unit: _____

Supervising faculty member(s): _____

Department Chair: _____

Start Date: _____ End Date: _____

Full-time equivalent: 35 hours per week _____

Stipend Salary \$ _____ per period

Source of funding: _____

During the term of this appointment, the source of funding may change. If such a change occurs, you will be provided with written notice in due course.

Description of research activities: _____

Office Location: _____

Vacation allowance: _____

Other: _____

As specified by the funding agency’s guidelines, if applicable.



Insurance Coverage

You are advised that personal and/or family insurance coverage (including but not limited to health, medication, dental, accident and travel insurance) will not be provided by Concordia University and that PDFs are solely responsible for obtaining and paying for any necessary insurance coverage. Proof of such coverage may be requested.

Travel Documentation

You are advised and agree that you are solely responsible for obtaining and maintaining the appropriate travel documents, including a VISA, for you and if applicable, your family, throughout the period of your fellowship.

Termination

The appointment of a PDF may be terminated at any time upon one month's notice.

If, for whatever reason, you are absent from your appointment for a period of 5 working days and have not contacted your supervisor advising him/her of the reason for your absence, the University may terminate your appointment, and thereby terminating your stipend.

Taxation

The University requires that you explicitly acknowledge and accept responsibility for your own status and/or obligations with regard to personal taxation under applicable provincial and federal law. By signing below, you agree to the foregoing and in connection with their status and/or obligation under applicable law.

Vacation Allowance

The general practice for vacation allowance for PDFs is five working days per trimester. This allowance would normally be prorated for the actual number of days worked/trained as a PDF. The standard PDF vacation allowance is in accordance with: 1. the norm for employees at Concordia University in their first year of employment as per the ACUMAE labor agreement at Concordia, "all employees are entitled to vacations, the duration of which is determined as follows: a) the employee with less than one (1) year of seniority of the current year is entitled to one and two-thirds (1 2/3) paid days of vacation for each month worked in the University from her/his date of hire to a maximum of twenty (20) working days"; and 2. the Commission des normes de travail du Quebec, whose policy states that "employees with less than one year of uninterrupted service are entitled to one vacation day per month without exceeding two weeks".

Acceptance

To indicate your acceptance of these arrangements, please sign a copy of this offer of appointment and return it to Cynthia Raso.

We look forward to you joining Concordia University.

Sincerely,

Paula Wood-Adams
Dean of Graduate Studies



I accept this offer of appointment as set out in this letter. I acknowledge that I have read and agree to be bound by the Postdoctoral Policy as posted on the School of Graduate Studies' website at graduatestudies.concordia.ca/postdoctoralfellows/policyandguidelines as well as all applicable University policies, including by not limited to, the Policy on Intellectual Property (VPRGS-9), the Policy on Conflicts of Interest in Research (VPRGS-5), and the Code of Ethics: Guidelines for Ethical Actions (BD-4).

Furthermore, I explicitly acknowledge and accept that I am responsible for my own tax status and obligations under applicable laws and I release Concordia University from any and all liability or responsibility with respect to my tax treatment.

I understand that if, upon verification, the credentials and/or references that I have provided do not meet the University's standards, that the present offer may be retracted. I agree not to hold Concordia liable or responsible for any costs and/or damages related to such retraction of the present offer.

Finally, I understand and acknowledge that I am solely responsible for my travel documentation and insurance coverage (medical and other).

Signature

Date

cc:
Faculty Dean
Supervising Faculty member
Department Chair

