

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

Postdoctoral Fellow Information	n:	
Family Name:		Given Name:
Gender:	Gender:	
Country of Birth:		
Country of Residence:		
	Citizenship(s):	
Job Offer Details:		
Job Title:		
Start Date (DD/MM/YY):		End Date (DD/MM/YY):
Expected Duration of Employment:	pected Duration of Employment:	
Address:		Office Number:
Postal Code:	_ City:	Province:
Supervisor Information:		
Name:		Email:
Address:		Office Number:
Postal Code:	City:	Province:
Phone Number:		
Minimum Education Requirements		

¹ National Occupation Classification Code

Main Duties of Job:

Other Training Required:

Experience and skills required to complete the job duties:

Provincial/Federal certification, licensing or registration requirements for the job:

Wage and B	enefits:				
•		Туре о	f Wage		
Hourly	Hourly Wage: \$		Salaried	Annual Salary:	\$ ²
Any Overtime	Pay: Yes	Νο	lf Yes, Rat	e:	
Starts after ho	ow many Hours:		Seasonal Position: Yes No		No
		Hours	of work		
Per Day:		Per Week:		Per Month	:

² Legislated benefits are 11.52%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The salary entered above is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your budget.

Alternative Compensation Scheme (if applicable):

Benefits Offered? Details:

There is a fee assessed by the government for these offers (\$230). Please provide an account number for the charge below:

Emergency Contact Information:

Emergency Contact Address:	
Emergency Contact Telephone #:	

Academic Nature of Appointment:

Please outline the proposed academic nature of the appointment including details of fellowship, research assistantship, and/or part-time teaching positions:

Proposed Plan of Research:

Attachments (attachments must be submitted with the application)

- Letter of Support signed by Department/Program Chair
- Curriculum Vitae
- □ Copy of Visa/Permit³

Signatures

Postdoctoral Fellow	Date	
Supervisor(s)	Date	
Approval		
Vice-President, Research and Innovation	Date	

³ The copy of the Visa/Permit may be submitted upon arrival at Trent University