

Main Campus: ES 1010, 2500 University Drive NW Foothills Campus: HSC G349C, 3330 Hospital Drive NW postdoc@ucalgary.ca | ucalgary.ca/research/postdoc

# **Request for Postdoctoral Appointment Extension Letter of Offer**

SUPERVISOR INFORMATION					
Supervisor First Name		Supervisor Last Name			
Supervisor Email		Supervisor Job Title			
Faculty / Unit		Department	De	epartment ID	
*Administrative Assistant / Onboarding Coordinator Name		Administrative Assistant / Onboarding Coordinator Email			
*If no administrative assistant contact infor		ide contact information for a	an Onboarding Coordinator		
POSTDOCTORAL SCHOLAR INFORM	ATION		la ma		
Postdoctoral Scholar First Name		Postdoctoral Scholar Last N	Name		
Mailing Address (Canada)		City	Province	Postal Code	
UCID	Annual salary/stipend amount		Personal Leave Days pe	Personal Leave Days per year	
Appointment Start Date (mm/dd/yyyy)	<b>**</b> Appointment End Date (mm/dd/yyyy)		Personal Leave Days: Paid leave in addition to st Minimum is 10 business da		
** Project end dates on PAGE 2 must be da	ated after the Appointme	ent End			
RESEARCH ACTIVITIES AND REQUIR					
Please provide a description of research act	ivities which the PDS wil	l be involved with as well as	any other responsibilities:		
Will the PDS have contact with patients or r If yes, please give details:	esearch participants?	Yes No			
Please list the experience and skills required	for this position:				
FOR INTERNATIONAL POSTDOCS - Canada Offer of Employment Form				migration	
Will the PDS work at locations outside the Uo If Yes, please specify address and location:	ofC Main Campus or Fool	thhills Campus?		Yes No	
FOR ALL POSTDOCS - registratior following information is required f				ss.The	
Will the PDS be required to travel to national f Yes, please specify the location, purpose of			ork ?	Yes No	

### Annual salary/stipend amount:

#### Minimum stipend recommendation:

In order to keep our academy competitive, the minimum salary/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 salary/ stipend and benefits will be charged.

#### Plan C Health Benefits and Statutory Deduction Costs:

In addition to the Annual Salary amount you recorded above, the project budget must be able to pay for CPP, EI, WCB premiums and Plan C benefits. The budgeting requirement for this expense will amount to approximately 9% of the Postdoc's Annual Salary.

## There must be sufficient funds in all sources to cover the full duration of the appointment

FUNDING SOURCE 1		FUNDING SOURCE 2		
Fund:	Dept ID:	Fund:	Dept ID:	
Project:	Activity Code:	Project:	Activity Code:	
Percentage Charged:		Percentage Charged:		
From (mm/dd/yyyy):		From(mm/dd/yyyy):		
To (mm/dd/yyyy):		To (mm/dd/yyyy):		
FUNDING SOURCE 3		**IMPORTANT **		
Fund:	Dept ID:	The request for offer letter may be rejected if funding sources are not available to cover the entire duration of the appointment.		
Project:	Activity Code:	<ul> <li>The length of the appointment may be adjusted to accommodate the availability of funding</li> </ul>		
Percentage Charged:		<b>Additional Funding:</b> (Include as applicable any other funding available, such as for conferences, relocation costs, and other research-related expenses.		
From (mm/dd/yyyy):				
To (mm/dd/yyyy):				
FUNDING SOURCE FOR	R BENEFITS			
Fund:		Benefits will be charged to Funding Source 1 unless an alternate		
Dept. ID:		account is entered. Only one account may be used to cover benefits.		
Project:		<b>Cost of Plan C Benefits:</b> Single coverage: \$111.58/month Family coverage: \$183.52/month		
Activity				

# 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 <a href="http://ucalgary.ca/research/postdoc/faculty-and-staff/recruiting-postdoc#compliancefee">http://ucalgary.ca/research/postdoc/faculty-and-staff/recruiting-postdoc#compliancefee</a>.

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.

Code: