

## Vice-President (Research) Office | Postdoctoral Office

Main Campus: ES 1010, 2500 University Drive NW postdoc@ucalgary.ca | ucalgary.ca/research/postdoc

Yes

No

# **Request for Postdoctoral Scholar Offer Letter Form**

SUPERVISOR INFORMATION				
Supervisor First Name	Supervisor Last Name	Supervisor Last Name		
Supervisor Email	Supervisor Position No	Supervisor Position Number ("Reports-to" Number) not UCID		
Supervisor Job Title				
Faculty / Unit	Department	Department ID		
*Administrative Assistant / Onboarding Coord	linator Name Administrative Assista	Administrative Assistant / Onboarding Coordinator Email		
* If no administrative assistant contact inform POSTDOCTORAL SCHOLAR INFORMAT		n for an Onboarding Coordinator		
Postdoctoral Scholar First Name	Postdoctoral Scholar L	ast Name		
Appointment Start Date (mm/dd/yyyy) **	Appointment End Date (mm/dd/yyyy)	Personal Leave Days per year		
** Project end dates on PAGE 2 must be date	ed after the Appointment End	^**See PDAC Collective Agreement		
RESEARCH ACTIVITIES AND REQUIRE	MENTS			
Please provide a description of research activities	ties which the PDS will be involved with as w	ell as any other responsibilities:		
Will the PDS have contact with patients or result yes, please give details:	earch participants? Yes No			
Please list the experience and skills required fo	r this position:			
Canada Offer of Employment Form c	ompleted by HR Immigration Servi	d for the Citizenship and Immigration ces:		
Will the PDS work at locations outside the UofC If Yes, please specify address and location:	. Iviain Campus or Footniilis Campus?	Yes No		
FOR ALL POSTDOCS - registration i				

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Will the PDS be required to travel to national or international locations for conferences or fieldwork?

If Yes, please specify the location, purpose of travel, and dates (if known):

### 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 amounts to approximately 14% 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 **		
		✓ The request for offer letter may be rejected if funding sources		
Fund:	Dept ID:	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:		Additional Funding: (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	BENEFITS			
Fund:		Benefits will be charged to Funding Source 1 unless an alternate account is entered. Only one account may be used to cover benefits.		
Dept ID:		0 . (5) 05 (5)		
Project:		Cost of Plan C Benefits: Single coverage: \$137.42/month Family coverage: \$233.04/month		
				Activity
Code:		i or run actans, view. Employe	er benefit Cost Calculator	

## 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 https://www.ucalgary.ca/hr/work-compensation/immigration-services-foreign-workers/postdoctoral-scholars.

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 https://research.ucalgary.ca/postdocs/resources) 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.