Vice-President (Research) Office | Postdoctoral Office

Main Campus: MT 6th Floor, 2500 University Drive NW postdoc@ucalgary.ca | 403-220-8288

Request for Postdoctoral Associate Offer Letter

SUPERVISOR INFORMATION						
Supervisor First Name		Supervisor Last Name				
Supervisor Email		Supervisor Job Title				
Faculty / Unit	Department		Institute (if applicable)			
*Administrative Assistant / Onboarding Coordin	ator Name	Administrative Assistant / 0	Onboarding Coordinator Email			
* If no administrative assistant contact information is available, provide contact information for an Onboarding Coordinator POSTDOCTORAL SCHOLAR INFORMATION						
Postdoctoral Scholar First Name		Postdoctoral Scholar Last N	lame			
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 after th	e Appointment End	Date	See PDAC Collective Agreement			
RESEARCH ACTIVITIES AND REQUIREMENTS						
Please provide a short description of research activities with patients or research participants? If yes, please give details		. Will the PDS work fr	rom outside of Alberta?	No		
		If yes, please give deta				
TRAVEL - Registration is required for all Post	docs travelling on	University Business for Ris	k Management purposes:			
Will the PDS be required to travel to national or If yes, please specify the location, purpose of tra			vork? Yes No			
INTERNATIONAL POSTDOCS - for the Citizenshi	p and Immigration (Canada Offer of Employmen	nt form, completed by HR Immigration:			
Will the PDS work at locations outside the UofC If yes, please specify address and location:	Main Campus or Foo	yes Yes	No			
Please list the experience and skills required for	this position:					

Annual Salary:

Minimum Salary/Stipend: 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 and benefits will be charged.

Plan C Health Benefits and Statutory Deduction Costs: In addition to the Annual Salary recorded above, the project budget must be able to pay for CPP, EI, WCB premiums and Plan C benefits. Use the Employer Benefit Cost Calculator below to determine the total amount needed.

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

FUNDING SOURCE 1		FUNDING SOURCE	FUNDING SOURCE 2		
Fund:	Dept ID:	Fund:	Dept ID:		
Project:	Activity Code:	Project:	Activity Code:		
Percentage Charge	ed:	Percentage Charged	:		
From (mm/dd/yyyy):		From (mm/dd/yyyy)	From (mm/dd/yyyy):		
To (mm/dd/yyyy):		To (mm/dd/yyyy):	To (mm/dd/yyyy):		
FUNDING SOU	IRCE 3	Additional Funding	other funding available, such as for conferences,		
Fund:	Dept ID:	relocation costs, and other research-related expenses.			
Project:	Activity Code:				
Percentage Charge	ed:				
From (mm/dd/yyy	y):				
To (mm/dd/yyyy	y):				
FUNDING SOU	IRCE FOR BENEFITS	Benefits will be charge	d to Funding Source 1 unless an alternate		
Fund:		_	y one account may be used to cover benefits.		
Dept ID:		Cost of Plan C Benefits Single coverage: \$123. Family coverage: \$204.	93/month		
Project:		, -	ack rate for Flex Spending Account		
Activity Code:			For full details, view: Employer 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 our HR Immigration Guidelines for 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 on our Resources Webpage 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 UService at 403.210.9300.