



UNIVERSITY OF LETHBRIDGE

School of Graduate Studies

B610, 4401 University Drive West, Lethbridge AB CANADA T1K 3M4
Telephone: (403)-329-5117, Email: sgsinquiries@uleth.ca

PART 1 Postdoctoral Fellow (PDF)

Appointment & Salary

Change Form

PART 1: TO BE COMPLETED BY THE FACULTY SUPERVISOR

Function: Appointment FOAP Account Change Salary Change Extension

A. PERSONAL DATA

U of L ID Number: _____ PDF Name (Full legal): _____
SURNAME FIRST MIDDLE

B. CONFLICT OF INTEREST

PDF related to supervisor? Yes No If Yes, VP Academic approval required.

If Yes, describe relationship _____

VP Academic name: _____ Date: _____ Signature: _____
(If required) (DD-MM-YYYY)

C. FUNDING SOURCE(S)

Recipient of fellowship (attach copy of award letter) Fellowship to be paid through the U of L payroll system? Yes No

Stipend paid from faculty member's research grant (attach offer of employment)

External funding source (e.g. home government) (attach copy of award or other verifying documentation)

Specify Source(s): _____

UNIVERSITY OF LETHBRIDGE SALARY INFORMATION:

*Position Number: _____ Date from: _____ Date to: _____ Monthly \$ _____
(DD-MM-YYYY) (DD-MM-YYYY):

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

*Position Number: _____ Date from: _____ Date to: _____ Monthly \$ _____
(DD-MM-YYYY) (DD-MM-YYYY):

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

*Position Number: _____ Date from: _____ Date to: _____ Monthly \$ _____
(DD-MM-YYYY) (DD-MM-YYYY):

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

FINANCIAL SERVICES USE ONLY

Funding Available: Yes No Date: _____ Position Number: _____ Signature: _____

(DD_MM_YYYY) Position Number Open: Yes No

D. DECLARATION

I certify that at the time of appointment the appropriate facilities and funding arrangements are in place:

Faculty supervisor name: _____ UofL ID Number: _____

Date: _____ Faculty supervisor signature: _____
(DD-MM-YYYY)

Faculty Co-supervisor name: _____ UofL ID Number: _____

(If required)

Date: _____ Faculty Co-supervisor signature: _____
(DD-MM-YYYY)

Additional Funding Authorization (if required): _____ Date: _____
(DD-MM-YYYY)

Time Sheet Approver (If different from Supervisor): ID Number: _____ Name: _____

I authorize this appointment:

Department Chair name: _____ Date: _____ Signature: _____
(DD-MM-YYYY)

Faculty Dean name: _____ Date: _____ Signature: _____
(DD-MM-YYYY)



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PART 2 Postdoctoral Fellow (PDF)

Appointment & Salary

Change Form

PART 2: TO BE COMPLETED BY THE PDF

Thank you for your interest in the University of Lethbridge. To assist us in reviewing your candidacy, please fully complete Part 2 of this form. Part 1 & 2 must be fully completed and authorized by the appropriate payroll deadline in order to receive payment. **You must read and sign the Declaration under section E.**

A. PERSONAL DATA

U of L ID Number: _____ PDF Name (in full): _____
(Assigned for new appointments) Surname First Middle

Gender: Male Female Another Social Insurance Number (SIN): _____ Date of Birth: _____
(If available) (DD-MM-YYYY)

Telephone: _____ Email address: _____
Cell Home

Permanent address: _____
Address City

_____ Province/State Postal Code/Zip Country

Address during appointment: _____
(if known) Address City

_____ Province/State Postal Code/Zip Country

B. EDUCATIONAL DATA

Most recent degree: PhD MD Other (DDS, DPhil, DVM, etc.) Specify: _____

Institution: _____ PhD Supervisor Name: _____

Date degree awarded/Date degree requirements met, including thesis defence (DD-MM-YYYY): _____

C. REQUIRED INFORMATION

Canadian Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been a student or employee at the UofL?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No:			Did you receive your doctoral degree from the UofL?	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Resident?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, is your PDF supervisor the same as your degree supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
If No, attach a copy of Work Permit & SIN					
Benefits Package Selected	<input type="checkbox"/> Single	<input type="checkbox"/> Family	Benefits Approval (Pension & Benefits Use Only): _____		

E. DECLARATION

Please review the following and indicate your acceptance and agreement by signing and dating below.

This will certify that all information I have supplied in the form (including attachments) is true and complete. If any information is found to be false or misleading at any time, this will constitute just cause for termination of this PDF appointment.

In connection with this form and the appointment process, the University of Lethbridge may seek to verify education information and employment history about me from other parties. During the course of these investigations, the University of Lethbridge may give such information to other parties as may be needed to conduct these investigations. The personal information collected on this form is subject to the provisions of the Alberta Freedom of Information and Protection of Privacy Act. The use of this information will be restricted to assessing your suitability for appointment as a PDF at the University of Lethbridge and for the purposes of administering personnel of the University of Lethbridge. If you have any questions about the collection of this information, contact the Privacy Officer, 4401 University Drive, University of Lethbridge, T1K 3M4, phone 329-2274.

I agree, if appointed to the University of Lethbridge as a PDF, to comply with the policies and procedures of the University including, but not limited to the *Postdoctoral Fellowship Policy*. **This form will not be processed unless all the necessary information has been provided.**

Date: _____ PDF signature: _____
(DD-MM-YYYY)

F. ATTACHMENTS (COPIES)

EVIDENCE OF COMPLETION OF DOCTORAL DEGREE CURRICULUM VITAE LETTER OF INVITATION

CANADIAN DIRECT DEPOSIT FORM WORK PERMIT (IF APPLICABLE) SIN FORM

G. SCHOOL OF GRADUATE STUDIES

Dean SGS name: _____ Date: _____ Signature: _____
(DD-MM-YYYY)