



University of Lethbridge
4401 University Drive
Lethbridge, Alberta, Canada
T1K 3M4

Office of Postdoctoral Affairs
Phone: 403-329-2793
postdoc@uleth.ca
www.ulethbridge.ca/graduate-studies/postdoctoral-fellowships

Postdoctoral Scholar Personal Information Form

Thank you for your interest in the University of Lethbridge. To assist us in reviewing your candidacy, please fully complete this form. You must read and sign the Declaration at the end of the form.

Submit completed form to the Office of Postdoctoral Affairs (B610) or to postdoc@uleth.ca. All required documents and forms must be submitted before they are processed.

Appointment Information													
Supervisor Name:		Supervisor Faculty:		Supervisor Email:									
Supervisor Name:		Supervisor Faculty:		Supervisor Email:									
Appointment Start Date (YYYY-MMM-DD):			Appointment End Date (YYYY-MMM-DD):										
Postdoctoral Scholar Information													
<i>Note: Your full legal name must be entered as it appears on your passport.</i>													
UofL ID: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										Have you ever been a student or employee at the UofL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Surname:		First Name:		Middle Name:									
Preferred First Name:		Prefix:	Suffix:	Previous Name (complete for all name changes)									
Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Valid Permanent Resident <input type="checkbox"/> Other, please specify:													
Social Insurance Number (SIN):		Birthdate date (YYYY-MMM-DD):		Gender:	Marital Status:								
Home Phone Number:		Mobile Phone Number:		Email Address:									
Permanent Address:				City:									
Province/State:		Postal Code/Zip:	Country:										
Address during your appointment (if known):				City:									
Province/State:		Postal Code/Zip:	Country:										
Benefits Package Selected: <input type="checkbox"/> Single <input type="checkbox"/> Family		Benefits Approval (Pension & Benefits Use Only):											
Educational Information													
Most Recent Degree: <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Other (DDS, DPhil, DVM, etc.), please specify:													
Institution:			Doctoral Degree Supervisor Name:										
Date Degree Awarded/Date Degree Requirements Met, Including Thesis Defence (YYYY-MMM-DD):													
Did you receive your doctoral degree from the UofL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is your PDF supervisor the same as your doctoral degree supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No													

Complete if you are not a Canadian Citizen or Permanent Resident of Canada

Note: For international postdoctoral scholars, a copy of the biographical page of your passport and current work permit, if applicable, must be included with this form in order for the University of Lethbridge to process the employer compliance fee for your work permit application.

Country of Residence:	Country of Birth:
Citizenship:	Passport Number:

Immigration Requirement: Postgraduate Work Permit Eligible Open work permit LMIA Exemption

Required Document Attachments

Note: All documents must be received prior to the appropriate payroll deadline (www.ulethbridge.ca/hr/payroll-finance-calendar-events) in order to receive payment. **Direct deposit is mandatory for all salaried and hourly paid employees.**

All Postdoctoral Scholars:	<input type="checkbox"/> Curriculum vitae	<input type="checkbox"/> Doctoral degree completion verification*
	<input type="checkbox"/> Offer of Appointment	<input type="checkbox"/> Canadian Direct Deposit form, if available
International Postdoctoral Scholars Only:	<input type="checkbox"/> Copy of biographical page of your passport	<input type="checkbox"/> Copy of current work permit and SIN

*This must be either transcripts showing degree has been conferred or a letter from your home institution (for example, the Registrar's Office or School of Graduate Studies) stating that all degree requirements have been completed or a copy of your degree parchment.

Postdoctoral Scholar 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.

Signature:	Date (YYYY-MMM-DD):
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This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). It is required to process the hire and to facilitate the administration of payroll and benefits. If you have questions about the collection or use of this information, please contact 403-329-2793.