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Office of Postdoctoral Affairs  
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[www.ulethbridge.ca/research/postdoctoral-affairs](http://www.ulethbridge.ca/research/postdoctoral-affairs)

# Postdoctoral Scholar Pre-Appointment Worksheet

The purpose of this worksheet is to provide the Office of Postdoctoral Affairs (PDA) with information required for the Offer of Appointment. Following the authorizations of this form, PDA will work with the Faculty Supervisor to develop the Offer of Appointment to be extended to the postdoctoral scholar candidate. See the [PDA website](#) for a supervisor checklist as well as details on the role of the supervisor in compiling a complete appointment package.

Postdoctoral Scholar Information			
UofL ID: <input type="text"/>		Email Address:	
Surname:		First Name:	Middle Name:
Mailing Address:			City:
Province/State:		Postal Code/Zip:	Country:
Most recent degree: <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Other (DDS, DPhil, DVM, etc.), please specify:			Degree completion date (YYYY-MMM-DD):
Immigration Requirement: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Valid Permanent Residency <input type="checkbox"/> Postgraduate Work Permit Eligible <input type="checkbox"/> LMIA Exemption Required <input type="checkbox"/> Other, please specify:			
Appointment Information			
Supervisor Name:			UofL ID: <input type="text"/>
Supervisor Department:		Supervisor Faculty:	
Co-Supervisor Name (if applicable):			UofL ID: <input type="text"/>
Co-Supervisor Department:		Co-Supervisor Faculty:	
Full-time or Part-time?	Appointment Duration (Months):	Appointment Start Date (YYYY-MMM-DD):	Appointment End (YYYY-MMM-DD):
Yearly Salary (CAD):	<input type="checkbox"/> Benefits are accounted for in salary	Is any of this salary to be delivered in exchange for sessional teaching? <input type="checkbox"/> Yes (If Yes, complete Sessional Contracts section) <input type="checkbox"/> No	
FOAPAL: _____ %		FOAPAL: _____ %	
Address of location where candidate will perform majority of work:			
What specific training or background is needed for position?			
Research project will focus on:			
Expectations during term of appointment:			

Outline procedures for postdoctoral scholar regarding documentation and data:

Other items to include in Offer of Appointment:

**Additional Optional Commitments (to be communicated in Offer of Appointment)**

Will you be funding:

Office equipment? If yes, amount (\$): \_\_\_\_\_ FOAPAL: \_\_\_\_\_

Training/conferences? If yes, amount (\$): \_\_\_\_\_ FOAPAL: \_\_\_\_\_

LMIA exemption? If yes, amount (\$): \_\_\_\_\_ FOAPAL: \_\_\_\_\_  
(for international applicants)

**Space and Resource Requirements**

Lab location: \_\_\_\_\_  Technology requirements: \_\_\_\_\_

Office space: \_\_\_\_\_  Other requirements: \_\_\_\_\_

*If these are new requests for resources that the faculty must provide, coordinate the appropriate Faculty/School's Dean's Office approval.*

**Sessional Contracts**

*Complete this section only if the candidate will complete sessional teaching*

**Note:** *If the postdoctoral candidate will be funded as a sessional instructor and is not a Canadian citizen or permanent resident, HR must be contacted to determine whether an individual who is not a Canadian citizen or a permanent resident may be funded as sessional instructor if this is to be part of the contract. If the candidate is not a Canadian citizen or permanent resident, they are unlikely to be funded as a sessional instructor under current Citizenship and Immigration Canada (CIC) rules.*

Will sessional teaching be paid separately or in addition to Yearly Salary (in Appointment Information section)?  Yes  No  Maybe

Number of courses to be taught per year?

**Note:** *Per the Postdoctoral Fellows Policy, PDFs are limited to a maximum teaching load of one (1) full course per academic term.*

**Course #1**

Term and Year:	Department	Subject and Course Number:	Section:
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Course title:

Lab day(s)/time (if applicable):	Tutorials day(s)/time (if applicable):
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**Course #2**

Term and Year:	Department	Subject and Course Number:	Section:
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Course title:

Lab day(s)/time (if applicable):	Tutorials day(s)/time (if applicable):
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**Course #3**

Term and Year:	Department	Subject and Course Number:	Section:
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Course title:

Lab day(s)/time (if applicable):	Tutorials day(s)/time (if applicable):
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Attachments		
<input type="checkbox"/> Evidence of completion of doctoral degree	<input type="checkbox"/> Curriculum vitae	<input type="checkbox"/> Award/funding letter (if applicable)
Supervisor Declaration		
<i>I approve the extension of an Offer of Appointment to this candidate and I understand the proposed financial commitments for this Postdoctoral Fellowship, and acknowledge that should any of the expenses not be eligible under the specified grants listed that I am responsible for providing an alternate research account to be charged.</i>		
Faculty Supervisor Signature:	Faculty Co-Supervisor Signature (if applicable):	
Faculty Supervisor Name (printed):	Faculty Co-Supervisor (printed):	
Date (YYYY-MMM-DD):	Date (YYYY-MMM-DD):	

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