

## IMPORTANT INFORMATION REGARDING HIRING A POSTDOCTORAL FELLOW (PDF)

Please read this document before hiring a Postdoctoral Fellow (PDF) and contact [fgpa.ea@carleton.ca](mailto:fgpa.ea@carleton.ca) if you have any questions. Thank you!

Please note that this form is a confidential, internal communication between the PDF Supervisor, the Faculty of Graduate and Postdoctoral Affairs (FGPA), Human Resources, and Research Accounting.

### HOW FAR IN ADVANCE DO I NEED TO REQUEST TO APPOINT A PDF?

- For domestic PDFs: FGPA requires a **minimum** of 1.5 months advance notice of the PDF's start date to ensure that they are registered by their start date. This also ensures that their first payday is not missed.
- For international PDFs: FGPA requires a **minimum** of 3.5 months advance notice of the PDF's start date to allow the PDF time to apply for a work permit.

### DO I NEED TO SUBMIT A PAYROLL PROFILE FOR PDF APPOINTMENTS?

- No, you do not, as payroll information is included in the PDF Appointment Form.

### IS MY PDF PART OF THE CARLETON UNIVERSITY POSTDOCTORAL UNION (CUPU)?

- Not all PDF are unionized. Unionization depends on the funding.
- Your PDF is in the union if you are contributing at least half of the minimum hosting salary.

### WHAT IS THE MINIMUM GROSS SALARY/STIPEND TO HIRE A PDF?

- Minimum hosting salaries for the current collective agreement are as follows:
  - May 1, 2018 to April 30, 2019: \$34,200/annum
  - May 1, 2019 to April 30, 2020: \$34,884/annum
  - May 1, 2020 to April 30, 2021: \$35,582/annum
  - May 1, 2021 to April 30, 2022: \$36,293/annum
- On May 1 of each year of the current collective agreement, unionized PDFs will receive a 2% annual salary increase. Please ensure that you budget for this, for the months that will be affected.
- Note that payment of any additional costs resulting from future collective agreements are the responsibility of the PDF Supervisor.

### ARE PDFs ELIGIBLE FOR BENEFITS AND WHO IS RESPONSIBLE TO PAY THE PREMIUMS?

- All PDFs are eligible for benefits, however they are not automatically enrolled in the plan.
- Presently, if your PDF is in the union and they opt into the benefit plan, you will be responsible for paying 65% of the monthly benefit premiums. As of May 1, 2019 you will be responsible for paying 70% of the monthly benefit premiums.
- If your PDF is not in the union, then they are required to pay 100% of their monthly benefit premiums.

## POSTDOCTORAL FELLOW (PDF) APPOINTMENT FORM

### SECTION A: PDF'S INFORMATION

**PDF Status (choose one):**      New PDF      New Contract      Renewal      Extension      Other:

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**PDF Citizenship (choose one):**      PDF is a Canadian Citizen/Permanent Resident      PDF requires a work permit/visa<sup>1</sup>

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**Full Legal Name (as listed on passport or Government of Canada-issued identification)**

\_\_\_\_\_  
 Family Name      Given Name(s)

\_\_\_\_\_  
 Preferred Name      Email Address (Carleton email preferred)

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Where will the PDF be working?      Carleton University      Other location:

### SECTION B: PDF SUPERVISOR'S INFORMATION

**Banner ID:** \_\_\_\_\_ **Department/School/Institute:** \_\_\_\_\_

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\_\_\_\_\_  
 Family Name      Given Name(s)

\_\_\_\_\_  
 Preferred Name      Email Address (Carleton email preferred)

### SECTION C: ADMINISTRATIVE and FINANCIAL INFORMATION<sup>2</sup>

**Term of Appointment**

**Start:** \_\_\_\_\_ **End:** \_\_\_\_\_  
 Month      Day      Year      Month      Day      Year

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**Funding Source(s):**

❖ PDF Supervisor is funding part or all of this fellowship:      Yes      No      Funding/Grant Agency: \_\_\_\_\_

➤ Supervisor's account details:      Fund      Org.      Account      Program

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❖ Will the PDF receive funding from any external source(s)?      Yes      No      If 'yes', how will the Agency pay the PDF?      PDF will be paid directly      Carleton will administer funds on behalf of the agency (enter account details below)

➤ External Funding Account Details:      Fund      Org.      Account      Program

Funding/Grant Agency: \_\_\_\_\_

<sup>1</sup> Immigration, Refugees, and Citizenship Canada (IRCC) requires that employers pay a \$230 "Employer Compliance Fee" in order for International PDFs to apply for permission to work in Canada. It is the PDF Supervisor's responsibility to pay this fee.

<sup>2</sup> PDF appointments paid in whole or in part from Tri-Council grants are subject to eligibility requirements. The PDF Supervisor is responsible for meeting these requirements. You may obtain information on eligibility through Research Accounting.

PDF APPOINTMENT FORM (cont'd...)

PDF Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**SECTION C<sup>3</sup>: ADMINISTRATIVE and FINANCIAL INFORMATION (cont'd...)**

**Note: Totals below are PER ANNUM. FGPA and Payroll will prorate this annual salary/stipend for shorter appointments.**

1.	Gross Salary/Stipend offered to PDF through funds held by Carleton Supervisor <sup>4</sup> :	\$ _____						
2.	Add 10% of amount listed in ( 1 ), above to cover employer portion of statutory deductions <sup>5</sup> :	\$ _____						
3.	Add \$2,137.13/annum for PDF Benefit Plan <sup>6</sup> :	\$ _____						
4.	On May 1, 2019, PDF salaries will increase by 2%/annum. If your PDF's appointment extends beyond April 30, 2019, please add 2%/annum of your PDF's gross salary for the relevant months <sup>7</sup> :	\$ _____						
5.	Add ( 1 ) + ( 2 ) + ( 3 ) + ( 4 ), above:	\$ _____						
6.	Add \$230 for Immigration, Refugees, and Citizenship Canada (IRCC) Fee (International PDFs only):	\$ _____						
7.	Amount allocated for PDF position through external source(s): External source (choose all that apply): <table data-bbox="633 787 1079 861"> <tr> <td>Banting</td> <td>Fields</td> <td>Other</td> </tr> <tr> <td></td> <td>(Fund 370235)</td> <td>(agency noted in Section C, page 1)</td> </tr> </table>	Banting	Fields	Other		(Fund 370235)	(agency noted in Section C, page 1)	\$ _____
Banting	Fields	Other						
	(Fund 370235)	(agency noted in Section C, page 1)						
8.	Total amount offered to the PDF (this is the PDF's gross annual salary): ( 1 ) + ( 7 ):	\$ _____						
9.	Total amount from internal sources above ( 5 ) + ( 6 ) <sup>8</sup> :	\$ _____						

**SECTION D: DECLARATIONS and SIGNATURES**

**Note: PDF Supervisor must obtain all of the signatures in this section.**

I certify that the information provided on this form is, to the best of my knowledge, correct and complete, and that should any additional expenses arise from the current and/or future collective agreements, I will be responsible for them.

\_\_\_\_\_  
 PDF Supervisor Name (Please Print)      PDF Supervisor Signature      Month      Day      Year

I approve of the Postdoctoral Fellowship, as presented on this form.

\_\_\_\_\_  
 Chair/Director Name (Please Print)      Chair/Director Signature      Month      Day      Year

I approve of the Postdoctoral Fellowship, as presented on this form.

\_\_\_\_\_  
 Faculty Dean Name (Please Print)      Faculty Dean Signature      Month      Day      Year

I have reviewed Section C and confirm that, as of this signature date, there are sufficient funds available in the grant holder's account and/or the external funding agency's account, to support this Postdoctoral Fellowship.

\_\_\_\_\_  
 Research Accounting Rep. Name      Research Accounting Rep. Signature      Month      Day      Year  
 (Please Print)

<sup>3</sup> Note that payment of any additional costs resulting from future collective agreements are the responsibility of the PDF Supervisor.

<sup>4</sup> Note that should your PDF become a member of the Carleton University Postdoctoral Union (CUPU), you will be responsible for any additional expenses arising from the current and/or future collective agreements.

<sup>5</sup> Applicable only if funding from PDF Supervisor's fund equals at least \$17,100/annum (prorated for shorter appointments).

<sup>6</sup> You must budget for this expense, but note that it will only apply if your PDF opts into the Benefit Plan at the Family Rate. The cost will be less if the PDF opts into the Single Plan. If the PDF does not opt into a Benefit Plan, this expense will not apply.

<sup>7</sup> Applicable only if funding from PDF Supervisor's grant equals at least \$17,100/annum (prorated for shorter appointments). If your PDF starts on or after May 2, 2019, this fee does not apply.

<sup>8</sup> You must budget for at least this amount.

PDF APPOINTMENT FORM (cont'd...)

PDF Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**SECTION E: CHECKLIST**

All signatures in Section C have been obtained

I have verified that my Postdoctoral Fellow has obtained a work permit (if applicable)

I have verified that my Postdoctoral Fellow has obtained his/her PhD

Supervisors in Engineering: please confirm that you have filled in and submitted an Engineering Space Form.

**SECTION F: COMMENTS** (Please enter questions or comments in the space below)

Please send completed form<sup>9</sup> to FGPA, 512 Tory Building or email to [FGPA.EA@cunet.carleton.ca](mailto:FGPA.EA@cunet.carleton.ca)  
 For information regarding next steps, please contact [FGPA](#).

**FGPA Use Only**

Based on the information provided above, is the PDF in the union (circle one)?      Yes      No

PDF's Gross Internal Salary (per annum): \$ _____	PDF's Gross External Salary (per annum): \$ _____	External Fund Payment Method: Directly to PDF  Carleton is Paymaster	Total Administered by Payroll: Taxable at Source      Not Taxable at Source \$ _____      \$ _____
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I approve of the Postdoctoral Fellowship, as presented on this form.

\_\_\_\_\_  
 FGPA Dean Name (Please Print)      FGPA Dean's Approval Signature      Month      Day      Year

I confirm that a scan of this document has been emailed to Payroll.

\_\_\_\_\_  
 FGPA Admin. Name (Please Print)      FGPA Admin. Signature      Month      Day      Year

Comments:

**Payroll Use Only**

PDF's Banner ID: \_\_\_\_\_      PDF's Position Number: \_\_\_\_\_

\_\_\_\_\_  
 Payroll Representative's Name (Please Print)      Payroll Representative's Signature      Month      Day      Year

Comments:

**Human Resources Use Only**

Has the PDF opted into the Benefit Plan? (circle one)      Yes      No      If 'yes', circle plan:      Single      Family

\_\_\_\_\_  
 HR Representative's Name (Please Print)      HR Representative's Signature      Month      Day      Year

<sup>9</sup> If you are emailing this document, digital and/or scanned signatures must be included.