

Office of the Deputy Provost 421 Tory Building 1125 Colonel By Drive Ottawa, ON K1S 5B6 pdf.coordinator@carleton.ca

Extend or Renew a Postdoctoral Fellow

SECTION A: POSTDOCTORAL FELLOW INFORMATION										
Contr	Contract Status (choose one): Extension (1 – 11 mo		– 11 months)	ths) Renewal (12+ months)			New Contract (change in conditions of contract)			
Posto	loc Citizenship (choose one):	Canadian Ci	itizen	Permanent Re	sident	Inter	rnational (requires a work	permit)		
Full L	egal Name (as listed on passp	ort):								
———Family	amily Name (surname/last name) Given Name(s)									
Email	Address (Carleton email preferred	1)								
SE	SECTION B: POSTDOC SUPERVISOR'S INFORMATION									
Banne	Banner ID Department/School/Institute									
Family	Name (surname/last name)			Given Name	e(s)					
Email	Address (Carleton email preferred)								
SE	CTION C: FINANC	IAL INFORM	MATION							
Term	of Extension or Renewal:				rd.					
Start: ——— Mont		Month	 Day	Year	End:	Month	Day	Year		
Fundi	ing Source(s):									
A)	Part or all of funding is comifrom postdoc supervisor's research account(s):	ng Yes	No	Funding/ Grant Agency:						
i.	Supervisor's account details:									
ii.	*If more than one account -		Org.	Account		% of s	salary (if more than one acco	unt)		
11.	Supervisor's							.)		
	account details: Fund		Org.	Account		% OT :	salary (if more than one acco	unt)		
B)	Will the postdoc receive funding in their own name from any external source(s)	Yes	No	If 'yes', how will the Agency pay the postdoc?	wi	stdoc II be paid rectly	Carleton will adminis agency (enter account	ter funds on behalf of the details below)		
iii.	External Funding									
	Account Details:		 Org.	Account		_				

$\textbf{SECTION C: FINANCIAL INFORMATION} \ (\texttt{continued...})$

*Note: Totals below are <u>PER ANNUM</u>. ODP and Payroll will prorate this annual salary for shorter appointments.

#	Details	Amount	Confirmed Amount (ODP Use Only)
1.	Gross salary offered to postdoc through funds held by Carleton Supervisor (PI) in research account:	\$	
2.	Add 11% of amount listed in (1) above to cover employer portion of statutory deductions:	\$	
3.	Add \$2,856/annum for Postdoc Benefit Plan:	\$	
4.	Amount allocated for postdoc position through external source(s): *External funding source is any funds not being transferred to supervisor's research account at Carleton External funding source:	\$	
5.	Total amount offered to the postdoc (this is their gross annual salary): (1) + (4):	\$	
6.	Total amount budgeted from internal sources above (add 1 – 3 above):	\$	

SECTION D: DECLARATIONS and SIGNATURES									
I certify that the information provided on this form is, to the best of my knowledge, correct and complete, and that I am responsible for current and/or future expenses relating to this fellowship.									
Postdoc Supervisor Name (Please Print)	Postdoc Supervisor Signature	Month	Day	Year					
I have reviewed Section C and confirm external funding agency's account, to	_		vailable in the gra	nt holder's account	: and/or the				
Financial Officer Name (Please Print)	Financial Officer Signature	Month	 Day	Year					
SECTION E: COMMENTS									