

## Extend or Renew a Postdoctoral Fellow

### SECTION A: POSTDOCTORAL FELLOW INFORMATION

<b>Postdoc Status</b> (choose one):	Extension	Renewal	
<b>Postdoc Citizenship</b> (choose one):	Canadian Citizen	Permanent Resident	International (requires a work permit)
<b>Full Legal Name</b> (as listed on passport):			
Family Name (surname/last name)		Given Name(s)	
Email Address (Carleton email preferred)			

### SECTION B: POSTDOC SUPERVISOR'S INFORMATION

Banner ID	Department/School/Institute
Family Name (surname/last name)	Given Name(s)
Email Address (Carleton email preferred)	

### SECTION C: ADMINISTRATIVE and FINANCIAL INFORMATION

<b>Term of Extension or Renewal:</b>		End:	
Start:	Month      Day      Year	Month      Day      Year	
<b>Funding Source(s):</b>			
Funding is held in postdoc supervisor's research account at Carleton:			
A)	Yes	No	Funding/Grant Agency: _____
i.	Supervisor's account details:		
	Fund	Org.	Account      Program      % of salary (if more than one account)
<b>*If more than one account -</b>			
ii.	Supervisor's account details:		
	Fund	Org.	Account      Program      % of salary (if more than one account)
Will the postdoc receive funding from any external sources not held in postdoc supervisor's research account:			
B)	Yes	No	If 'yes', how will the Agency pay the postdoc?
		Postdoc will be paid directly	Carleton will administer funds on behalf of the agency (enter account details below)
iii.	External Funding Account Details:		
	Fund	Org.	Account      Program

**SECTION C: ADMINISTRATIVE and FINANCIAL INFORMATION** (continued...)

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

#	Details	Amount	Confirmed Amount (ODP Use Only)
1.	Gross Salary offered to postdoc through funds held by Carleton Supervisor:	\$	
2.	Add 10% of amount listed in ( 1 ) above to cover employer portion of statutory deductions:	\$	
3.	Add \$2,483.40/annum for Postdoc Benefit Plan:	\$	
4.	Amount allocated for postdoc position through <u>external source(s)</u> : External source (select all that apply):      Banting      Fields      Other	\$	
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):	\$	

**\*Note: Every unionized postdoc receives a 2% salary increase on May 1 of each year. Please budget for this amount.**

**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 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.

\_\_\_\_\_  
Financial Administrator Name (Please Print)

\_\_\_\_\_  
Financial Administrator's Signature

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

**SECTION E: COMMENTS**