

Office of the Deputy Provost (Academic Operations and Planning) 421 Tory Building

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## **Extend or Renew a Postdoctoral Fellow**

| SECTION A: POSTDOCTORAL FELLOW INFORMATION |  |                  |               |  |                            |             |   |  |  |
|--|--|------------------|---------------|--|----------------------------|-------------|---|--|--|
| Postd                                      | doc Status (choose one): Extension (1 – 11 m                         |                  | nonths)       | nths) Renewal (12+ months)                 |                            |             | lew Contract (change in conditions of contract) |  |  |
| Postd                                      | oc Citizenship (choose one):   | Canadian Citizen |               | Permanent Re                               | sident                     | Internatio  | onal (requires a work p                         | permit)  |  |
| Full Le                                    | egal Name (as listed on passpor                                      | t):              |               |  |                            |             |   |  |  |
| Family                                     | Name (surname/last name)   |                  |               |  | Given Na                   | me(s)       |   | _  |  |
| Email Address (Carleton email preferred)   |  |                  |               |  |                            |             |   |  |  |
| SEC  | CTION B: POSTDO  | C SUPERVISO      | R'S INFO      | ORMATI                                     | ON                         |             |   |  |  |
| Banne                                      | r ID   |                  | Department    | :/School/Institute                         | 9                          |             |   |  |  |
| Family Name (surname/last name)            |  |                  | Given Name(s) |  |                            |             |   |  |  |
| Email Address (Carleton email preferred)   |  |                  |               |  |                            |             |   |  |  |
| SEC  | CTION C: ADMINIS   | STRATIVE and     | FINANC        | CIAL INF                                   | ORMATIC                    | ON          |   |  |  |
| Term of Extension or Renewal:              |  |                  |               |  |                            |             |   |  |  |
| Start:                                     |  | Month Day        | Year          |  | End: _                     | Month       | Day   | Year   |  |
| Fundi                                      | ng Source(s):  |                  |               |  |                            |             |   |  |  |
| A)   | Postdoc Supervisor is funding <b>part or all</b> of this fellowship: | Yes              | INO           | Funding/<br>Grant Agency:                  |                            |             |   |  |  |
| i.   | Supervisor's account details:  |                  |               |  |                            | Drogrom     | 0/ of colors                                    | /if more than any account)   |  |
| ii.  | *If more than one account - Supervisor's                             |                  | Org.          | Account                                    |                            | Program     |   | (if more than one account)   |  |
| В)   | Will the postdoc receive funding from any external source(s)?        | Yes              | No the        | Account yes', how will Agency pay postdoc? | Postd<br>will be<br>direct | e paid      |   | (if more than one account) or funds on behalf of the etails below) |  |
| iii.                                       | External Funding Account Details: Fund                               |                  | Org.          | Account                                    |                            | <br>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<br>(ODP Use Only) |
|----|---|--------|------------------------------------|
| 1. | Gross Salary offered to postdoc through funds held by Carleton Supervisor (PI) in research account:   | \$     |                                    |
| 2. | Add 10% of amount listed in ( 1 ) above to cover employer portion of statutory deductions:  | \$     |                                    |
| 3. | Add \$2,632.44/annum for Postdoc Benefit Plan:  | \$     |                                    |
| 4. | Amount allocated for postdoc position through <a href="mailto:external source">external source(s):</a> *External funding source is any funds not being transferred to PI's research account at Carleton  External 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):   | \$     |                                    |

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

| SECTION D: DECLARATIONS and SIGNATURES |
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|--|

| 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 | <br>Day | Year |  |  |  |  |
| SECTION E: COMMENTS  |                                     |       |         |      |  |  |  |  |
|  |                                     |       |         |      |  |  |  |  |
|  |                                     |       |         |      |  |  |  |  |
|  |                                     |       |         |      |  |  |  |  |