

Extend or Renew a Postdoctoral Fellow

SECTION A: POSTDOCTORAL FELLOW INFORMATION

Postdoc Status (choose one): Extension (1 – 11 months) Renewal (12+ months) New Contract (change in conditions of contract)

Postdoc Citizenship (choose one): Canadian Citizen Permanent Resident International (requires a work permit)

Full Legal Name (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

Term of Extension or Renewal:

Start: _____ _____ _____
Month Day Year

End: _____ _____ _____
Month Day Year

Funding Source(s):

A) Postdoc Supervisor is funding **part or all** of this fellowship: Yes No Funding/Grant Agency: _____

i. Supervisor's account details: _____ _____ _____ _____ _____
Fund Org. Account Program % of salary (if more than one account)

***If more than one account -**
ii. Supervisor's account details: _____ _____ _____ _____ _____
Fund Org. Account Program % of salary (if more than one account)

B) Will the postdoc receive funding from any **external source(s)**? 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 11% 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 <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 1% 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 approve of and support the Postdoctoral Fellowship, as presented on this form.

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

I approve of and support 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.

 Financial Officer Name (Please Print) Financial Officer Signature Month Day Year

SECTION E: COMMENTS