

All fields in this form must be filled out before submission. If not applicable, please type N/A.

Family Name:		Given Name:	
		Date of Birth (DD/MM/YY):	
Country of Birth:			
Country of Residence:			
Citizenship(s):		Passport #:	
Job Offer Details:			
Job Title:			
Start Date (DD/MM/YY):		End Date (DD/MM/YY):	
Expected Duration of Employmen	Expected Duration of Employment:		
Address of primary physical job location :			
Postal Code:	City:	Province:	
Supervisor Information:			
Name:		Email:	
Address:		Office Number	
Postal Code:	City:	Province:	
Phone Number:			
Minimum Education Requireme	nts:		

¹ National Occupation Classification Code: https://noc.esdc.gc.ca/

Main Duties of Job:

Other Training Required:

Experience and skills required to complete the job duties:

Provincial/Federal certification, licensing or registration requirements for the job:

Wage and B	enefits:							
C			Туре о	f Wage				
Hourly	Hourly W	/age: \$		Salaried	Annual Salary: \$ ²			
Any Overtime	e Pay:	Yes	Νο	If Yes, Rate:				
Starts after h	ow many	Hours:		_				
	Hours of work							
Per Day:			Per Week:		Per Month:			

² Legislated benefits are 10.46%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The salary entered above is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your budget.

Alternative Compensation Scheme (if applicable):

Benefits Offered? Details:

There is a fee assessed by the government for these offers (\$230). Please provide an account number for the charge below:

Emergency Contact Information:

Emergency Contact Address:	
Emergency Contact Telephone #:	

Academic Nature of Appointment:

Please outline the proposed academic nature of the appointment including details of fellowship, research assistantship, and/or part-time teaching positions:

Confirmation of space allocation:

Office space for the visitor is secured.³

Office space is not required.

³ Supervisors should contact Dean's Office/Science Facilities if they require assistance with securing office space for this appointment.

Proposed Plan of Research:

Attachments (attachments must be submitted with the application)

Letter of Support signed by Department/Program Chair Curriculum Vitae Copy of Visa/Permit⁴

Signatures

Postdoctoral Fellow	Date	_
Supervisor(s)	Date	_
Approval		
Vice-President, Research and Innovation or Authorized Representative	Date	_

⁴ The copy of the Visa/Permit may be submitted upon arrival at Trent University