



Office of Research and Innovation

Suite 344 Gzowski College –
Symons Campus Peterborough,
Ontario, Canada K9J 7B8
705.748.1011 x7866

**Application for
Postdoctoral
Fellowship**

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

Postdoctoral Fellow Information:

Family Name: _____ Given Name: _____

Gender: _____ Date of Birth (DD/MM/YY): _____

Address: _____

Postal Code: _____ City: _____ Province: _____

Social Insurance Number: _____ If current address is temporary
indicate leaving date: _____

Phone Number: _____

Job Offer Details:

Job Title: _____

Start Date (DD/MM/YY): _____ End Date (DD/MM/YY): _____

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 Requirements:

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 Benefits:

Type of Wage

Hourly Hourly Wage: \$ _____ Salaried Annual Salary: \$¹ _____

Any Overtime Pay: Yes No If Yes, Rate: _____

Starts after how many Hours: _____

Hours of work

Per Day: _____ Per Week: _____ Per Month: _____

¹ 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):

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Benefits Offered? Details:

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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.²

Office space is not required.

² 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

Signatures

Postdoctoral Fellow

Date

Supervisor(s)

Date

Approval

Vice-President, Research and Innovation
or Authorized Representative

Date
