

# REQUEST FOR A RESEARCH OR POST-DOC APPOINTMENT

**APPOINTEE INFORMATION**

**NAME:** \_\_\_\_\_ **SALUTATION:**  Dr.  Mr.  Ms. **EMPLOYEE #:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITIZENSHIP:** \_\_\_\_\_  
 \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_ Is the appointee eligible to work in Canada?  Yes  No  
 Does he or she require a Work Permit/Visa?  Yes  No

**SUPERVISOR DETAILS**

**SUPERVISOR:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_ **EXT:** \_\_\_\_\_

**APPOINTMENT DETAILS**

**TYPE:**  New  Re-appointment  Supersedes Letter Required  
**TITLE:**  Research Assistant  Research Associate  Post-Doc  Visiting Scholar  
 Other: \_\_\_\_\_ This form can not be used to appoint Visiting Professors or Instructors, Registered Students, clerical or administrative personnel, or anyone who will be paid using an operating or trust account. If this appointment is for a Post-Doc, a copy of the incumbent's PhD credentials must be appended to this form.  
**HOURS:** Part-Time:  10  15  20  24 Other: \_\_\_\_\_ Full-Time:  30  35  37.5  40 Other: \_\_\_\_\_  
**DURATION:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total # of weeks: \_\_\_\_\_  
 Appointment duration must not exceed 12 months.

**COMPENSATION**

**SALARY:**  Hourly \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_  Annually \$ \_\_\_\_\_  Stipend \$ \_\_\_\_\_  N/A  
 Will this appointee be paid using time cards?  Yes  No  
 Whenever possible, Research and Post-Doc appointees should be paid through a stipend. Hourly rates must be calculated on this form to show a stipend for the duration of the appointment. To calculate the stipend, multiply the hourly rate by the total number of hours that will be worked through the duration of the appointment and enter the amount in the stipend field above. Hourly rates must not be lower than the Ontario Minimum Wage rate of \$14.00 per hour (\$14.56 per hour including vacation pay). On January 1, 2019 minimum wage will increase to \$15.00 per hour (\$15.60 per hour including vacation pay). Payroll will automatically deduct an additional 10% of the stipend amount indicated above from your grant account to cover mandatory costs such as CPP, EI, etc. **Do not** include this 10% in the stipend field above. If you have indicated that the appointee will be paid using time cards, you will be required to submit time cards twice monthly in accordance with Payroll deadlines.  
**VACATION:**  N/A  1 Week  2 Weeks  3 Weeks Other: \_\_\_\_\_  
 The vacation entitlement for a 1 year appointment is 2 weeks. For appointments less than 1 year, select N/A and 4% will automatically be included in your stipend.

**BENEFITS**
**OPTIONAL GREEN SHIELD HEALTH BENEFITS/COVERAGE**

Description:	Single	Family
<b>Drug Cost</b>	<input type="checkbox"/> \$66.81	<input type="checkbox"/> \$166.89
<b>Semi-Private</b>	<input type="checkbox"/> \$ 9.49	<input type="checkbox"/> \$ 19.11
<b>Extend Health</b>	<input type="checkbox"/> \$32.52	<input type="checkbox"/> \$ 92.25
<b>Out of Prov.</b>	<input type="checkbox"/> \$ 2.75	<input type="checkbox"/> \$ 5.51
<b>Dental</b>	<input type="checkbox"/> \$56.41	<input type="checkbox"/> \$130.39
<b>Vision</b>	<input type="checkbox"/> \$11.16	<input type="checkbox"/> \$ 29.03
<b>Monthly Total</b>		

Full coverage (vision; dental; extended health; prescription drugs; and, out of province) can only be offered for full-time, full year appointments. Approximate annual cost of family (\$5,318) or single (\$2,150) is subject to change each year on May 1. To calculate the annual cost of benefits, add individual monthly coverage amounts and multiply by 12 months.

**UHIP COVERAGE FOR NON ONTARIO RESIDENTS**

University Health Insurance Plan (UHIP) is temporary health coverage (equivalent to the Ontario Health Insurance Plan) for anyone who is employed at the University on a work permit. If the full-time appointment is for 6 months or more, UHIP is only required for the 3 month waiting period. Coverage costs are listed below.

	1 Mo	3 Mo	6 Mo	9 Mo	1 Year
<b>Single</b>	<input type="checkbox"/> \$ 67.56	<input type="checkbox"/> \$202.68	<input type="checkbox"/> \$405.36	<input type="checkbox"/> \$ 608.04	<input type="checkbox"/> \$ 810.72
<b>Couple</b>	<input type="checkbox"/> \$124.18	<input type="checkbox"/> \$372.54	<input type="checkbox"/> \$745.08	<input type="checkbox"/> \$1,117.62	<input type="checkbox"/> \$1,490.16
<b>Family</b>	<input type="checkbox"/> \$152.87	<input type="checkbox"/> \$458.61	<input type="checkbox"/> \$917.22	<input type="checkbox"/> \$1,375.83	<input type="checkbox"/> \$1,834.44

**PAID BY:**  Incumbent or  
 Grant No. \_\_\_\_\_

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 Grant No. \_\_\_\_\_

**REQUIRED SUPPORTING DOCUMENTATION**

Confidentiality Agreement  Position Summary  CV / Resume  
 All Requests for Appointments must be accompanied by a signed Confidentiality Agreement, a completed/updated Position Summary, and a copy of the incumbent's CV.  
 Conflict of Interest If the incumbent is a relative, a Conflict of Interest form must be completed and submitted with this request.  
 Work Permit/VISA If the incumbent has been issued a visa or work permit, a copy must be attached to this form.

**AUTHORIZATION FOR APPOINTMENT**

<b>DEAN:</b>	Printed Name _____	Signature _____	Date _____
<b>AAU HEAD:</b>	Printed Name _____	Signature _____	Date _____
<b>GRANT HOLDER:</b>	Printed Name _____	Signature _____	Date _____
<b>SUPERVISOR:</b>	Printed Name _____	Signature _____	Date _____

**GRANT DISTRIBUTION**

GRANT ACCOUNT NO.	PERIOD (From MM/DD/YY to MM/DD/YY)	STIPEND AMOUNT

**RESEARCH FINANCE APPROVAL**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_