



RESEARCH APPOINTEE CONFIDENTIALITY AGREEMENT

This form must be completed and signed by the incumbent and submitted with the REQUEST FOR A RESEARCH APPOINTMENT form. Please note that requests for appointments not accompanied by a signed Confidentiality Agreement will not be processed.

APPOINTMENT DETAILS

APPOINTEE: _____

TITLE: _____

List the appointment title as it appears on the REQUEST FOR A RESEARCH APPOINTMENT form (e.g. Research Assistant, Research Associate, Post-Doc, or Visiting Scholar.).

SUPERVISOR: _____

DEPARTMENT: _____

APPOINTMENT FUNCTIONS AND RESPONSIBILITIES:

List the appointment functions and responsibilities as they appear in the Position Overview section of the POSITION SUMMARY form.

APPOINTMENT DURATION: _____ to _____ WEEKLY WORK HOURS: _____

STIPEND/RATE OF PAY: _____

BENEFITS: N/A Paid by Incumbent Paid from Grant

List the appointment duration, weekly work hours, stipend/rate of pay, and benefit details as they appear on the REQUEST FOR A RESEARCH APPOINTMENT form.

APPOINTEE INFORMATION (TO BE COMPLETED BY THE INCUMBENT)

Are you legally eligible to work in Canada? [] Yes [] No

Do you currently hold another position at the University of Windsor? [] Yes [] No

If you have answered yes, list all positions that you currently hold (including Teaching Assistantships/Graduate Assistantships) below. Enter your title, name of your supervisor, the department, and the number of hours you work weekly.

- 1. _____
2. _____

Are you being hired as a Post-Doc? [] Yes [] No Date of PhD completion: _____

If you have answered yes, attach a photocopy of your PhD certificate to this form.

Are you currently registered as a student/taking courses at the University of Windsor? [] Yes [] No

APPOINTEE DECLARATION (TO BE COMPLETED AND SIGNED BY THE INCUMBENT)

- [] I acknowledge that the faculty member and the University of Windsor have ownership of intellectual property resulting from my employment work subject to University policies, and obligations to the research funding agencies, institutions, and/or companies.
[] I acknowledge that I am expected to maintain confidentiality of information, programmes, and data that may be developed in my work or which I may have access to during the course of my employment.
[] I declare that all information provided on this confidentiality agreement is true and accurate.

Accepted:

Printed Name

Signature

Date