University of Windsor

REQUEST FOR A RESEARCH APPOINTMENT

APPOINTEE INFORMATION

NAME: _____ **EMPLOYEE #**

ADDRESS: _____ **CITIZENSHIP:** Foreign National

_____ Is the appointee eligible to work in Canada? * No

E-MAIL: _____ Does the incumbent require an Offer of Employment Number? No

SUPERVISOR DETAILS

SUPERVISOR:_____ **DEPARTMENT:**_____ **EXT:**_____

APPOINTMENT DETAILS

TYPE: ☐ New ☐ Re-appointment ☐ Supersedes Letter Required

TITLE: ☐ Research Assistant ☐ Research Associate ☐ Post-Doc ☐ Visiting Scholar

This form must 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 incumbernt'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

☐ Hourly $ ☐ Stipend $ ☐ Unpaid

Selecting hourly, the appointee will be paid via time cards. Please refer to the Ontario Minimum Wage rate below.

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 $17.60 per hour ($18.30) 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.

BENEFITS

GREEN SHIELD HEALTH BENEFITS/COVERAGE

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 ($7,758.12) or single ($3,123.72) is subject to change each year on May 1. Note: If you choose to include Green Shield coverage it will automatically be charged to your grant account. Please select one:

Full Coverage: Single ☐ Family ☐ Grant #

I do not want to cover the cost of Green Shield ☐

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
Single	☐$ 72.96	☐$218.88	☐$437.76	☐$ 656.64	☐$ 875.52
Couple	☐$134.11	☐$402.33	☐$804.66	☐$1,206.99	☐$1,609.32
Family	☐$165.10	☐$495.30	☐$990.60	☐$1,485.90	☐$1,981.20

PAID BY: ☐ Incumbent or

☐ 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

DEAN:	Printed Name	Signature	Date
AAU HEAD:	Printed Name	Signature	Date
GRANT HOLDER:	Printed Name	Signature	Date
SUPERVISOR:	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

Forward signed form and all required documentation to Research Finance (resfinance@uwindsor.ca) for the approval of funds. For unpaid requests, please send signed form and all required documentation directly to the Office of Research and Integrity Services (grantappts@uwindsor.ca).