



This form must be completed and signed by the incumbent and submitted with the REQUEST FOR A RESEARCH OR POST-DOC 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 OR POST-DOC APPOINTMENT form (e.g. Research Assistant, Research Associate, Post-Doc, etc.).

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: _____ VACATION ENTITLEMENT: _____

BENEFITS: N/A Paid by Incumbent Paid from Grant

List the appointment duration, weekly work hours, stipend/rate of pay, vacation entitlement, and benefit details as they appear on the REQUEST FOR A RESEARCH OR POST-DOC 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