



MITACS ACCELERATE/ELEVATE APPOINTMENT AUTHORIZATION FORM

This form must be completed and signed by the supervisor and submitted with the REQUEST FOR A RESEARCH OR POST-DOC APPOINTMENT form if the appointment is funded through the MITACS Accelerate or Elevate programs and the appointment will extend beyond the duration of each funding instalment.

By completing this authorization form, the supervisor acknowledges that they have fully vetted and approved the industry partner listed in the Mitacs agreement; that it is their responsibility to maintain communication with the industry partner, ensuring that the industry partner can continue to support the appointment throughout its duration; and, that they will provide funding to support the appointment throughout its duration or cover any costs associated with its early termination.

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.).

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 OR POST-DOC APPOINTMENT form.

SUPERVISOR DETAILS

SUPERVISOR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INDUSTRY PARTNER DETAILS

COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FUNDING DETAILS

MITACS PROGRAM:  Accelerate  Elevate

GRANT ACCOUNT: \_\_\_\_\_

List the grant account established to hold the above-noted MITACS funding.

ALTERNATIVE GRANT ACCOUNT: \_\_\_\_\_

List the grant account that will be charged in the event that MITACS funding is terminated.

SUPERVISOR DECLARATION

I acknowledge that I have fully vetted the Industry Partner noted above.

I agree to provide funding to support this appointment through its duration or to cover any costs associated with the early termination of this appointment from the alternative grant account noted above.

Accepted:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date