

UNIVERSITY OF NEW BRUNSWICK
INTERNATIONAL POSTDOCTORAL FELLOWSHIP (PDF)
REQUEST TO **AMEND AND / OR **EXTEND** EXISTING OFFER**
(ONLY TYPED FORMS WILL BE ACCEPTED)

SECTION A: Personal Information

GIVEN NAME(S): _____ SURNAME: _____
(Note: Please enter all names as they appear on this person's Passport)

DATE OF BIRTH (MM/DD/YYYY): ___/___/___ SEX: _____

COUNTRY OF BIRTH: _____

COUNTRY OF RESIDENCE: _____

CITIZENSHIP(S): _____ PASSPORT NUMBER: _____

HOME MAILING ADDRESS: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

DATE OF RECEIPT OF PHD (MM/DD/YY): ___/___/___

SECTION B: Offer Information

AMENDMENT and/or EXTENSION OF AN EXISTING PDF OFFER

TERM – Commencing (MM/DD/YYYY): _____ Ending (MM/DD/YYYY): _____

NAME OF SUPERVISOR(S): _____

FACULTY: _____ DEPARTMENT: _____

INDICATE **ALL** PHYSICAL LOCATION OF WORK: UNBF UNBSJ OTHER

If “other”, provide name and mailing address: _____

MAIN DUTIES OF POSTDOCTORAL FELLOW: _____

EXPERIENCE / SKILLS REQUIRED FOR THE POSITION:

SECTION C: Financial Information

TOTAL AMOUNT OF THE POSTDOCTORAL FELLOWSHIP: \$ _____ per annum (in Cdn \$)

DOES THIS PDF POSSESS ANY FUNDING OR AWARDS WHICH WILL SUPPORT THIS FELLOWSHIP (either fully or partially): YES NO

IF YES, INDICATE NAME/SOURCE & TOTAL AMOUNT OF THIS FUNDING (in Cdn \$):

SOURCE: AMOUNT: \$

WILL THIS PDF BE SUPPORTED (FULLY OR PARTIALLY) FROM A GRANT/CONTRACT IN THE SUPERVISOR'S NAME: YES NO

IF YES, PLEASE INDICATE NAME/SOURCE AND AMOUNT OF THE FUNDING (if using more than one account and/or source please indicate the percentage of funds to come from each account):

NAME SOURCE OF FUNDS / AGENCY: 1)

2)

UNB ACCOUNT NUMBER(S): 1) _____ %

2) _____ %

****IMPORTANT NOTE:** UNB will automatically charge a 15% Fringe Benefits rate to all Postdoc salaries where the PDF is included in the collective agreement. The account(s) above will be charged appropriately (based on percentage) for those benefits. For example, if a PDF will be paid from 2 different accounts (1 at 60% and the 2nd at 40%) the fringe benefit amounts will be charged in the same manner (60% of the fringe benefit rate of 15% to the first account and 40% to the second account).

WILL THIS PDF BE EXPECTED TO TEACH: YES NO

UNB ACCOUNT NUMBER FOR TEACHING STIPEND: _____

(Compensation for teaching responsibilities cannot to be included in fellowship award)

FUNDS FOR RELOCATION AND/OR TRAVEL: \$ _____

SECTION D: Work Permit Information

DOES YOUR CANDIDATE HAVE AN EXISTING WORK PERMIT? YES NO

IF YES, IS IT AN OPEN _____ OR A POST-GRADUATE _____ WORK PERMIT?

IF the work permit is **NOT** a POST-GRADUATE WORK PERMIT (PGWP), you must provide a UNB account number to charge the \$230.00 Employer Compliance Fee to as a new work permit is necessary:

ACCOUNT NUMBER(S): __ - _____ - _____ - ____ - ____

(If you do not have signing authority on this account, please have someone with that authority initial here _____ to approve the use of this account.)

SECTION E: Required Documentation – Please attach to this form and submit

Please attach the following:

- 1) A current CV
- 2) Proof of sponsoring research agency (only if candidate is coming with their own funding)
- 3) A copy of existing, open or Post Graduate work permit (if applicable)
- 4) A clear copy of this individual’s current passport photo page

SECTION F: Signatures of Authorization

Postdoctoral Supervisor - Printed Name and Signature

Date

Department Chair - Printed Name and Signature

Date

APPROVAL

Dean of Faculty – Printed Name and Signature

Date

Send form and supporting documentation to postdoc@unb.ca for further processing

Signature of Vice-President (Research)

Date