

**UNIVERSITY OF NORTHERN BRITISH COLUMBIA  
POSTDOCTORAL FELLOW INTAKE FORM**

PDF Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
 Renewal of PDF: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, UNBC ID#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Insurance Number: \_\_\_\_\_  
 Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Faculty Member PDF Supervisor, name: \_\_\_\_\_  
 Program/Department: \_\_\_\_\_  
 Program Chair: \_\_\_\_\_

Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_

Effective Dates
Office Use Only

**Work Agreement and Nature of Research to be undertaken:**

**Please Indicate Source(s) of Funding**

PDF1 – Employee under Supervisor grant/funding. Benefits provided: Yes \_\_\_\_\_ No \_\_\_\_\_  
 PDF2 – Fellowship funding awarded to PDF or from Supervisor, Administered by UNBC  
 PDF3 – Externally funded, not Administered by UNBC

Source of Funding: \_\_\_\_\_ Total Amount to be Paid: \_\_\_\_\_  
 Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Account: \_\_\_\_\_ Program: \_\_\_\_\_  
 Budget Holder: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Budget Control**

Budget/Research Analyst: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Completed by Finance Department for PDF1 and 2)

Space Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ Space Provided by: \_\_\_\_\_ Space Allocation Request Form Submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

**Appointment/Renewal Approval Signatures**

Faculty Member PDF Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion please forward to the Office of Research Attn: Research Personnel Co-ordinator**

**For Renewal Only**

Postdoctoral Fellow Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

ID#: \_\_\_\_\_ Created By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Copy Of: Accepted Letter of Appointment \_\_\_\_\_ Current Curriculum Vitae \_\_\_\_\_ Voided Cheque for Direct Deposits \_\_\_\_\_  
 Eligibility to Work at UNBC \_\_\_\_\_ Form of Proof Provided \_\_\_\_\_  
 Retroactive Payment (PMR): Position# \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
# of Payments                      Amount                      Total