

UNIVERSITY OF NORTHERN BRITISH COLUMBIA
POSTDOCTORAL FELLOW INTAKE & RENEWAL FORM

PDF Name: _____

Email: _____

Telephone: _____

Canadian Citizen? YES NO

Permanent Resident? YES NO

Mailing Address:

Supervisor Name (Faculty): _____

Program/ Department: _____

Program Chair: _____

Work Agreement & Nature of Research:

Today's Date: _____

PDF Renewal? YES NO

If Yes, UNBC ID #: _____

Date of Birth: (mm/dd/yy) _____

Social Insurance Number: _____

Status: Full-Time Part-Time Hours/Week _____

Start Date: _____

End Date: _____

Effective Dates
OFFICE USE ONLY

Source(s) of Funding: Total Amount to be Paid: _____

PDF1 – Employee under Supervisor's UNBC grant/funding

PDF3 – Externally funded, not administered by UNBC

Benefits Provided? YES N

Source of Funding: _____

If UNBC Funded, please provide the following: FUND: _____ ORG: _____ ACT: _____

Budget Holder: _____ Signature: _____ Date (mm/dd/yy): _____

OFFICE USE ONLY

Budget/Research Approval: Signature: _____ Date (mm/dd/yy): _____

(Completed by Finance Dept. for PDF1 Candidates)

Space Needed? YES NO Space Allocation Request Form submitted? YES NO

Documented IP and Publication Agreements completed between PDF & Faculty Supervisor (Recommended, not required)

Appointment/Renewal Approval Signatures:

Supervisor Name (Faculty): _____

Date (mm/dd/yy): _____

Program Chair: _____

Date (mm/dd/yy): _____

For Renewal Only:

Postdoctoral Fellow Name: _____ Signature: _____ Date (mm/dd/yy): _____

OFFICE USE ONLY

ID#: _____ Signature: _____ Date (mm/dd/yy): _____

Copy of: Accepted Letter of Appointment Current Curriculum Value Voided Cheque for Direct Deposit
Eligibility to work at UNBC Form of Proof Provided: _____