



THE UNIVERSITY OF BRITISH COLUMBIA

- FACULTY APPOINTMENT FORM -

CAMPUS	PREVIOUS INCUMBENT
Vancouver	
	POSITION INFORMATION

PERSONAL INFORMATION

HRMS ID	PREFIX	FIRST NAME (legal name as on SIN card)	MIDDLE NAME (S)	LAST NAME (legal name as on SIN card)	SUFFIX		
1234567	Dr	Jinny		BLUE			
CURRENT HOME ADDRESS			CITY	PROV	POSTAL	COUNTRY	
205 Boneyard Mews			York			England	
PERMANENT HOME ADDRESS (if different from current home address)			CITY	PROV	POSTAL	COUNTRY	
PRIMARY PHONE NUMBER			PRIMARY EMAIL ADDRESS		GENDER	DATE OF BIRTH (YYYYMMDD)	S.I.N.
604	555	4444	jinny@bluemarble.net		Male	1985-06-30	929 456 789

POSTDOCTORAL RESEARCH FELLOW – Non-University Funds

If 9-numbered SIN work permit must be valid for term of appointment. Remember Early Assignment of ID possible with SIN & date of birth.

DETAILS OF EMPLOYMENT (Appt Start & End Dates for current appointment, only required if different from Funding Dates)

APPT START DT (YYYYMMDD)	APPT END DT (YYYYMMDD)	ACTION/REASON	VP / FACULTY (List 1-Vancouver, List 2 -Okanagan)	DEPARTMENT NAME AND CODE (click link below for list)	WORK LOC'N	MAIL LOC'N (if appl)		
2015-01-01	20151231	Hire - New Hire	Science	Zoology - ZOOL	BIO			
JOB TITLE (look in both pull-down lists)		POSITION #	APPT TYPE	APPOINTMENT STATUS	FULL / PART TIME	PART-TIME %	TERM TYPE	PRINCIPAL SUBJ (click link below)
Postdoc Research Fellow		555	Regular		Full-time		Term	
PREV. YRS IN RANK	Attach Prev Yrs in Rank Form – applies to TEN or TRK appts only		UBC CHAIR		CHAIR START DT (YYYY-MM-DD)	CHAIR END DT (YYYY-MM-DD)		

Position number required for NUF appointments

FUNDING (Please enter monthly amount whenever possible)

START DATE (YYYYMMDD)	END DATE (YYYYMMDD)	REF	EARNINGS CODE	SPEED CHART	ACCOUNT	FUND (info only)	DEPT ID (info only)	PROJECT GRANT	%	AMOUNT (mandatory)		ANNUAL AMOUNT (Optional)
										<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Per Period	
2015-01-01	2015-12-31		NUF	SKTT	521000			25R1234		<input checked="" type="checkbox"/> Monthly	5,000.00	60,000.00
TOTALS											5,000.00	60,000.00

The NUF account will be charged for benefits & Extraordinary Expense Fund (EEF).

SIGNATURES

SIGNATURE (Grant holder/Supervisor)	NAME (print)	DATE	FACULTY / DEPARTMENT USE (for additional information or directions)	PEng
SIGNATURE (Dept Head/Director)	NAME (print)	DATE		CONTACT NAME & EMAIL ocean@zool.ubc.ca
SIGNATURE (Dean/VP)	NAME (print)	DATE	FOR FACULTY RELATIONS/HR USE ONLY	
SIGNATURE (Other, if applicable)	NAME (print)	DATE	EMPL RCD# _____	
			JOB CODE _____	
			FAC ASSN CD _____	

Please ensure a contact person, number and email is provided.