



THE UNIVERSITY OF BRITISH COLUMBIA - FACULTY APPOINTMENT FORM -

CAMPUS	PREVIOUS INCUMBENT
Vancouver	
	POSITION INFORMATION

POSTDOCTORAL RESEARCH FELLOW – Fellowship Earnings (PFL)

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	
7777123	Dr	John		Smith		
CURRENT HOME ADDRESS			CITY	PROV	POSTAL	COUNTRY
77 Main Street			Anytown	NY		USA
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	jsmith@email.com	Male	1990-06-15	987 654 321

All paid appointments require position numbers.

If SIN starts with a “9” ensure work permit is valid for period of appointment.

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)	
2017-07-01	2018-06-30	Hire - New Hire	Arts				
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)
Postdoctoral Fellow	00081901			FT		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)			

Benefits and EEF contribution will be charged to the BEN acct

- If any portion of earnings are PFL, you will need a BEN line
- Only **one** BEN acct can cover benefits
- BEN line needed in all cases, even if Postdoc is not enrolling in benefits

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) <input checked="checked" type="checkbox"/> Monthly <input type="checkbox"/> Per Period	ANNUAL AMOUNT (Optional)
2017-07-01	2018-06-30		PFL	ABCD	521000			21G12345		5000.00	
2017-07-01	2018-06-30		BEN	WXYZ	521000			21G98765			
									TOTALS	5,000.00	60,000.00

Please leave blank - no salary for BEN

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

SIGNATURES			
SIGNATURE (Grant holder/Supervisor)	NAME (print)	DATE	FACULTY / DEPARTMENT USE (for additional information or directions) CONTACT NAME & EMAIL ocean@zool.ubc.ca PHONE # 7-6789 FOR FACULTY RELATIONS/HR USE ONLY EMPL RCD# _____ JOB CODE _____ FAC ASSN CD _____
SIGNATURE (Dept Head/Director)	NAME (print)	DATE	
SIGNATURE (Dean/VP)	NAME (print)	DATE	
SIGNATURE (Other, if applicable)	NAME (print)	DATE	