



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	W	C	FIELDS			
CURRENT HOME ADDRESS			CITY	PROV	POSTAL	COUNTRY	
26 Dipsomaniac Lane			Grapeville	ON	H5T 3R6	Canada	
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.
289	555	1234	oeniphile@grape.net		Male	1988-12-05	415 666 999

POSTDOCTORAL RESEARCH FELLOW – REGULAR EARNINGS

Ensure SIN is entered. Remember that Early Assignment of ID is 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)		
2014-11-01	20151031	Hire - New Hire	Land Food Systems	Wine Research Ctr - WINE	FNH			
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		888	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)		

All paid appointments require position numbers.

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	
2014-11-01	2015-10-31		REG	WINE	521000			18R4455			4,333.33	52,000.00
TOTALS											4,333.33	52,000.00

The REG account will also be charged for benefits & Extraordinary Expense Fund

SIGNATURES

SIGNATURE (Grant holder/Supervisor)	NAME (print)	DATE	FACULTY / DEPARTMENT USE (for additional information or directions) Dr. Fields is the new PDF in the Wine Research Centre	PEng		
SIGNATURE (Dept Head/Director)	NAME (print)	DATE		CONTACT NAME & EMAIL	grapelover@LFS.ubc.ca	PHONE #
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.