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|  | FGSR Hiring Authorization Form(for post doctoral fellows and research Associates only) |

**Complete, Print and Route as follows:**

**Research Supervisor** ► **Associate Vice President, Research**►**Financial Services** ► **Human Resources**

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| Demographics of Appointee: |

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| **Section A – Demographic Information:** |
| Date Submitted: Click here to enter a date. | Department: Click here to enter text. |
| Position Number (required, for existing positions): Click here to enter text. | E-Mail Address: Click here to enter text. |
| First Name:Click or tap here to enter text. | Last Name:Click or tap here to enter text. |
| Address: Click or tap here to enter text. | Phone Number: Click or tap here to enter text. |
| City:Click or tap here to enter text. | Province:Click or tap here to enter text. | Postal Code:Click or tap here to enter text. |
| Canadian or Permanent Resident: [ ]  Yes [ ]  No |
| Type of Appointment: |
| [**Section B – Type**](#SectionA) **of Appointment** |
| [ ]  Postdoctoral Fellowship [ ]  Research Associate [ ]  Other (specify)  |
| [ ]  Full Time (35 hrs/week) [ ]  Part Time: Hrs/week and schedule Click or tap here to enter text. |
| **Research Supervisor’s Name:** Click or tap here to enter text. |
| **Section C – Compensation and Funding Details** |
| Salary: Click here to enter text. | Approximate Charges to Research Grant:**Salary X 1.18 (an extra 18% charge)***This covers employer contributions to EI, CPP, Health+Dental, and other benefits. Actual charge varies from case to case, and year to year, but please budget 18%* |
| Contract Start Date: Click here to enter a date. | Contract End Date: Click here to enter a date. |
|  |
| Budget Code: | Fund (6)Fund  | Organization (4)Orgn | Account (5)Account | Program (4)Program | Percentage (%)% |
| Budget Code: | Fund (6)Fund  | Organization (4)Orgn | Account (5)Account | Program (4)Program | Percentage (%)% |
|  |  |
| **Recommended by:** | Researcher Name | Researcher Sig. | Researcher Date |
| [Researcher:](#SMG) | Print  | Signature | Date |
| **Authorized by:** | AVPR Name | AVPR Sig. | AVPR Date |
| [Associate VP, Research**:**](#EMG) | Print  | Signature | Date |
| **Budget Review:** | Fin Services Name | Fin Services Sig. | Fin Services Date |
| Financial Services | Print  | Signature | Date |