

# POSTDOCTORAL FELLOW REGISTRATION FORM

CHANGE IN EXISTING JOB  
CHANGE IN ACCOUNT CODE ONLY

CONTACT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EFFECTIVE DATE (YYYY-MM-DD)	EMPLOYEE: FIRST NAME	MIDDLE NAME	LAST NAME	EMPLOYEE ID NUMBER
BIRTHDATE (YYY-MM-DD)	GENDER			SIN
COUNTRY	ADDRESS			
CITY	PROVINCE	POSTAL CODE		
ACTION	REASON CODE	APPT END DATE (YYYY-MM-DD)	DEPARTMENT	DEPT.CODE
JOB TITLE POSTDOCTORAL FELLOW		JOB CODE V9801		
SUPERVISOR (FIRST) (MIDDLE) (LAST)		SUPERVISOR ID# (P/R USE ONLY)		

JOB STATUS T/F	STANDARD HOURS WORKED: 1.0	E.E TYPE: S	MONTHLY RATE:
ACCOUNT CODE #1:	%	ACCOUNT CODE #2:	%

CITIZENSHIP COUNTRY	CITIZENSHIP STATUS (IF EMPLOYMENT/STUDENT AUTHORIZATION HOLDER ATTACH COPY OF DOCUMENT)	
AUTHORIZATION NUMBER	AUTH. START DATE (YYYY-MM-DD)	AUTH. START END (YYYY-MM-DD)

DEGREE 1 (PHd)	COUNTRY	PROVINCE (IF IN CANADA)	DOCTORAL DEGREE MAJOR
YEAR GRANTED (YYYY-MM-DD)	UNIVERSITY		

COMMENTS
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DEPARTMENT AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_

DEAN'S AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_

SGPS AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_

ER #

\_\_\_\_\_ P/R \_\_\_\_\_