Clear Form

Date _____

Name _____

Email Address _____

Dear _____ ,

We are pleased to offer you an appointment as a postdoctoral fellow at Concordia University (the "University") in accordance with the terms set out below. This appointment is contingent upon: 1) receipt of a copy of your doctoral degree certificate or official confirmation that you have met all your degree requirements and that the doctoral degree is forthcoming; and 2) the verification of the credentials and references you have provided.

If, at the University's sole discretion, the information and/or references provided do not meet the University's required standards, the present offer will be retracted. Concordia University incurs no responsibility for any costs and/or damages related to such retraction of the present offer.

Your appointment is subject to the Policy on Postdoctoral Fellows (VPRGS-4) as well as the related Guidelines. It is your responsibility to read and abide by this Policy and related Guidelines as well as all applicable University policies, including without limitation, the Policy on Intellectual Property (VPRGS-9), the Policy on Conflicts of Interest in Research (VPRGS-5), and the Code of Ethics: Guidelines for Ethical Actions (BD-4). All University policies may be consulted online at the following address: https://www.concordia.ca/about/policies.html

The specific terms of the appointment offer are:

Academic unit: _____

Supervising faculty member(s): _____

Department Chair: _____

Start Date: _____ End Date: _____

Full-time equivalent: 35 hours per week _____

Stipend ◯ Salary ◯ $_____ per period

Source of funding: _____

During the term of this appointment, the source of funding may change. If such a change occurs, you will be provided with written notice in due course.

Description of research activities: _____

Office Location: _____

Vacation allowance: _____

Other: _____

As specified by the funding agency's guidelines, if applicable.

The French Version of the letter of Invitation is also available upon request.

Insurance Coverage

You are advised that personal and/or family insurance coverage (including but not limited to health, medication, dental, accident and travel insurance) will not be provided by Concordia University and that PDFs are solely responsible for obtaining and paying for any necessary insurance coverage. International postdoctoral fellows **must** provide the postdoc office with such a proof before being registered.

The links to the Temporary Worker's rights are available at:
https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/know-your-rights-worker-international-mobility-program.html
and in French here:
https://www.canada.ca/fr/immigration-refugies-citoyennete/organisation/publications-guides/apprenez-quels-sont-vos-droits-travailleur-programme-mobilite-internationale.html

Travel Documentation

You are advised and agree that you are solely responsible for obtaining and maintaining the appropriate travel documents, including a VISA, for you and if applicable, your family, throughout the period of your fellowship.

Termination

The appointment of a PDF may be terminated at any time upon one month's notice.

If, for whatever reason, you are absent from your appointment for a period of 5 working days and have not contacted your supervisor advising him/her of the reason for your absence, the University may terminate your appointment, and thereby terminating your stipend.

Taxation

The University requires that you explicitly acknowledge and accept responsibility for your own status and/or obligations with regard to personal taxation under applicable provincial and federal law. By signing below, you agree to the foregoing and in connection with their status and/or obligation under applicable law.

Vacation Allowance
The general practice for vacation allowance for PDFs is five working days per trimester. This allowance would normally be prorated for the actual number of days worked/trained as a PDF.

Acceptance
To indicate your acceptance of these arrangements, please sign a copy of this offer of appointment and return it to Niyusha Samadi.

We look forward to you joining Concordia University.

Sincerely,

Geoffrey Dover,
Interim Dean of Graduate Studies

I accept this offer of appointment as set out in this letter. I acknowledge that I have read and agree to be bound by the Postdoctoral Policy as posted on the School of Graduate Studies' website at graduatestudies.concordia.ca/postdoctoralfellows/policyandguidelines as well as all applicable University policies, including by not limited to, the Policy on Intellectual Property (VPRGS-9), the Policy on Conflicts of Interest in Research (VPRGS-5), and the Code of Ethics: Guidelines for Ethical Actions (BD-4).

Furthermore, I explicitly acknowledge and accept that I am responsible for my own tax status and obligations under applicable laws and I release Concordia University from any and all liability or responsibility with respect to my tax treatment.

I understand that if, upon verification, the credentials and/or references that I have provided do not meet the University's standards, that the present offer may be retracted. I agree not to hold Concordia liable or responsible for any costs and/or damages related to such retraction of the present offer.

Finally, I understand and acknowledge that I am solely responsible for my travel documentation and insurance coverage (medical and other).

_____ _____

Signature Date

cc:
Faculty Dean
Supervising Faculty member
Department Chair