DATE

## PERSONAL & CONFIDENTIAL

NAME

ADDRESS

Dear FIRST NAME,

On behalf of Western, I am pleased to confirm our offer of employment as a Postdoctoral Associate in [*department/faculty*]. Your contract of employment will start on [*date*] and will end on [*date*]. In this position, you will report directly to me and you will work in the [*name of laboratory or other facility*] in the [*name of building*] building. A map of campus may be found on the UWO website at http://www.geography.uwo.ca/campusmaps/.

Your salary will be [*salary*] per annum, pro-rated monthly. Your salary may be reduced proportionately if you are being compensated for another position at Western, or may be offset, in whole or in part, by new salary support money obtained during the course of your employment. Salaries are paid on the second last working day of each month and are deposited directly in to your bank account. As a Postdoctoral Associate, your salary will be treated as employment income from which statutory deductions and remittances must be made.

You will regularly work forty (40) hours per week. Your working hours and days of week may fluctuate depending upon our research needs. Your employment will be considered probationary for the first four (4) full months’ of employment.

As a Postdoctoral Associate, the terms and conditions of your employment will be governed by the collective agreement in place between Western and the Public Service Alliance of Canada (“PSAC”). As a result, the Union will require you to pay union dues. A copy of the PSAC Postdoctoral Associate Collective Agreement is available on Human Resources Website at: http://www.uwo.ca/humanresources/facultystaff/emp\_agree/union\_contracts/union\_contracts\_idx.htm. Please also refer to the following website for further information regarding your benefit entitlement pursuant to the Collective Agreement: <http://www.uwo.ca/humanresources/facultystaff/comp/benefits/postdocassoc/index.htm>

Pursuant to Western’s COVID-19 Vaccination Policy, you will complete the following by your start date:

* Be Fully Vaccinated and have provided Proof of Vaccination to the University as directed by the University; or
* Where accommodation has been requested and is under review or has been granted, provide proof of two negative COVID-19 rapid antigen tests per week, as set out in the Policy.

By signing this offer you agree to complete any training required pursuant to legislation and University policy (including but not limited to the following online training courses:  Accessibility in Service (AODA), Safe Campus Community, Workplace Hazardous Materials Information System (WHMIS) and Employee Health and Safety Orientation).  Online access to these courses will be automatically available to you within a few days of your start date.  Please refer to the following website for further information:  <https://www.uwo.ca/humanresources/facultystaff/h_and_s/training/training_idx.htm>.

FIRST NAME, to accept this offer, please sign below and return a signed copy to me at [*Supervisor location*]. Should you have any questions in the future, please feel free to contact me at 661- 2111 ext. EXTENSION.

Sincerely,

[Supervising Faculty Member]

Encls.

c.c. Public Service Alliance of Canada, Local 611

 School of Graduate and Postdoctoral Studies

I have read and understand the conditions of the offer of employment set out above and I accept the University’s offer.

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 Date Signature