**Date**: [date]

**To**: [Name: Department Head/ School Director]
 [Name of Department]
Faculty of Medicine, The University of British Columbia
 [address line]

**RE: Recruitment support of [rank], [UBC department/ school + research centre/ institute]: [recruit name?]**

Dear [name of department head/ school director]:

This is to confirm that [name of Agency] agrees to provide the following to the [dept/school] at UBC for the above position:

**Remuneration:**

* Academic salary of $ \_\_\_\_\_\_ per annum including pension and other benefit costs (approx. 18% per annum) in addition to academic salary increases (e.g., general wage increases, merit, etc.) per annum (up to approximately 5%). This support is
	+ intended to be ongoing and is for at least a five-year term, OR
	+ for at least a five-year term, to support a (grant) tenure stream appointment, with re-appointment subject to funding availability, OR
	+ for the following term appointment (minimum one year at a time, up to three years): July 1 [start year] – June 30 [end year].
* Honoraria of $\_\_\_\_\_\_\_\_\_ per annum for [term]. (These do not attract benefits or pension but are subject to mandatory deductions (e.g., Canada Pension Plan).
* ***Include this statement****:* It is understood that the incumbent will be an employee of the University, and that all faculty salary increases, benefits and other conditions of employment will be driven by the Collective Agreement between the University’s Faculty Association and the University. As the University – via the Department – is required to provide the employee with 12 months of notice should the funding be terminated, our Agency agrees to provide the University with written notice in advance of this.

**UBC Faculty Home Ownership Program (FHOP)[[1]](#footnote-1) benefit costs.**

* $ \_\_\_\_\_\_\_ as a lump sum either (a) upon initial appointment at UBC or (b) upon enrolment to receive this benefit.
* Financial support/ assistance as selected by the faculty member, under the current UBC Faculty Home Ownership Program:
	+ Down payment assistance (a portion not covered by UBC central) – currently $$50,000 for those hired on or after July 1, 2017; $45,000 for those hired before July 1, 2017.
	+ Mortgage interest assistance (a portion not covered by UBC central) – discontinued for new applicants but still being administered to five year completion for those who began the program between 2013 and 2016.
* To guarantee the repayment of the captioned interest free loan in the event that Dr. [name] defaults on repayment of the loan.
* Additional financial assistance to the standard housing allowance support of $\_\_\_\_\_\_\_\_\_ , as per the lending conditions and eligibility requirements.
* ***Include this statement*:** It is understood that should the appointee cease to be an employee of the University within five (5) years for whatever reason, he/she shall repay to the University [and/or the Agency] the pro rata portion of the housing assistance funding amount representing the part of the 5-year period for which he/she ceases to be an employee of the University.

**Relocation:**

* In addition to any eligible amount of reimbursement under the University’s policy on relocation, the Agency agrees to provide $\_\_\_\_\_ to support [name of faculty member] in the relocation of his/her household and personal effects and tools of the trade as well as his/her travel expenses in traveling from the home where he/she resides on the date he/she accepted his/her offer of employment to his/her new residence for University employment.

**Academic space:**

* Office: [room#, location, sq feet] [address/ building name]
* Laboratory: [room #, location, sq feet] etc. [address/ building name]

**Secretarial Support:**

* \_\_\_\_\_\_FTE or
* $\_\_\_\_\_\_\_\_ towards the salary & benefits of the secretarial t staff

**Start Up Funding:**

* $ \_\_\_\_\_\_\_\_\_\_\_ as a lump sum payment or
* $\_\_\_\_\_\_\_/yr for \_\_\_\_\_\_years starting [date, year].
* Include any other terms and conditions regarding the funds/ items purchased with the funds ( e.g., details regarding the ownership of purchased equipment, information regarding the return of unused funds if not used by [date])

**Other support**:

[The Agency can include additional details in the letter addressing all commitments/ resources.]

[signature]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Name, title of authorizer from external Agency]*

**Please forward invoice to:**

**Name:** [insert]
**Address:** [insert]

**Phone:** [insert]

*Note: Invoices from the UBC Faculty of Medicine, Dean’s Office are sent on a monthly basis. Invoice payments can be done on a monthly or quarterly or other basis, based on your Agency’s payment schedule.*

1. <http://www.hr.ubc.ca/housing-relocation/fhop/> [↑](#footnote-ref-1)