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**FACULTY IDENTIFICATION/MISSION CRITICAL FORM**

TO ACCOMPANY REQUESTS TO ADVERTISE AND

REQUESTS TO APPOINT TO FULL-TIME POSITIONS

CANDIDATE:

DEPARTMENT:

FACULTY:

ANTICIPATED START DATE:

**REPLACEMENT FOR PERMANENT LOSS (resignation/retirement/other)**

Terminating faculty member:

Position number: Employee ID number:

Termination Date:

Is this a bridge position?

Bridged to:

Name Position # Retirement Date

For Office Use Only

**NEW POSITION**

 Addition to operating complement Not in Complement

**FUNDING SOURCE(S):** (Please provide details on how the position will be funded)

**JUSTIFICATION:** (Please attach a separate page if needed)

**APPROVALS:**

Chair/Director: Date:

Dean: Date:

Vice-President Academic & Provost: Date: