



Research Chair Appointment Form

First Name(s):	Initial(s):	Last Name:
Location: <i>(building)</i>	Employee ID:	New Appointment: <input type="checkbox"/> Renewal: <input type="checkbox"/>

TYPE OF APPOINTMENT

Canada Research Chair Industrial Research Chair Other _____

TERM

Start Date:(MM/DD/YYYY)	End Date:(MM/DD/YYYY)
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CHANGE IN LOAD

Teaching:	Research:	Service:
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POSITION INFORMATION

Position Title: _____

SALARY DISTRIBUTION

Fixed percentage/Year

Start Date: _____	WORK ORDER	ACTIVITY	End Date: _____	\$ _____ Annual Amount	Tier (CRC Only): _____
Start Date: _____	WORK ORDER	ACTIVITY	End Date: _____	\$ _____ Annual Amount	Tier (CRC Only): _____

Remaining Balance

Start Date: _____	WORK ORDER	ACTIVITY	End Date: _____	\$ _____ Annual Amount	Tier (CRC Only): _____
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STIPEND (if applicable)

Start Date: _____	ORG UNIT	WORK ORDER	ACTIVITY	End Date: _____	\$ _____ Annual Amount
Start Date: _____	WORK ORDER	ACTIVITY	End Date: _____	\$ _____ Annual Amount	

Additional Comments:

APPROVALS

Chair:

Print Name _____ Signature _____ Date _____

Dean:

Print Name _____ Signature _____ Date _____

VP Academic & Provost:

Print Name _____ Signature _____ Date _____

Human Resources Use Only:	Signature: _____	Date Entered: _____
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