

Research Chair Appointment Form

First Name(s):	Initial(s):	Last Name:
Location: (building)	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)
-------------------------	-----------------------

CHANGE IN LOAD

Teaching:	Research:	Service:
-----------	-----------	----------

POSITION INFORMATION

Position Title:

SALARY DISTRIBUTION

<i>Fixed percentage/Year</i>			
Start Date: _____	WORK ORDER	ACTIVITY	<u>\$</u> Annual Amount
End Date: _____			Tier (CRC Only): _____
Start Date: _____	WORK ORDER	ACTIVITY	<u>\$</u> Annual Amount
End Date: _____			Tier (CRC Only): _____
<i>Remaining Balance</i>			<u>\$</u> Annual Amount
Start Date: _____	WORK ORDER	ACTIVITY	Tier (CRC Only): _____
End Date: _____			

STIPEND (if applicable)

Start Date: _____	ORG UNIT	WORK ORDER	ACTIVITY	<u>\$</u> Annual Amount
End Date: _____				
Start Date: _____	WORK ORDER	ACTIVITY	<u>\$</u> Annual Amount	
End Date: _____				

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: _____