



Research Chair Appointment Form

First Name(s):	Initial(s):	Last Name:
Location: (building)	Employee ID:	New Appointment: ☐ Renewal: ☐

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): _____

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: _____