**Provost Fund Request**

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| --- | --- | --- | --- | --- |
|  Name: |  |  | UCID: |  |
| Department: |  |  | Faculty: |  |
| Rank: |  |  | Appointment Type: |  |

|  |  |
| --- | --- |
| RECOMMENDATION: |  |
| Effective date: |  |
|  | The adjustment shall normally be effective the first of the month after the month in which it is approved. The adjustment shall not normally be approved retroactively. |
| Current rank salary: | $ per annum |
|  | *Refer to Schedule A of the current Collective Agreement. If the individual holds a rank with a maximum salary, please ensure that the ceiling will not have been reached with this increase.* |
| Provost fund amount requested: | $  |
|  | *Note: if the increase to the rank salary is recommended to be effective July 1, any across-the-board adjustment and merit are to be calculated on the individual’s June 30th salary rate, followed by the Provost fund amount.* |
| New rank salary: | $ per annum |
|  |  |
| Other PSAF request for purposes other than addition to rank salary (describe request): |  |
|  |
|  |  |
|  | *Note: include term of funding and amount of request* |
| **NOTE: Total funding amount approved is not to include benefit or pension costs** |

*Deans are requested to attach a recommendation to the Provost & Vice-President (Academic) providing the details outlined within the Procedures document.*

*Please also attach copies of any written correspondence between the Provost and Dean relating to the appropriateness of this request.*

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| ACTION OF THE PROVOST & VICE-PRESIDENT (ACADEMIC): |
|  |  |
| [ ]  | Approved as recommended |
| [ ]  | Approved, different amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Approved, different effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Not approved |
| Comments: |
| Signature: |  | Date: |  |

Submit this completed form and recommendation letter to academic.contracts@ucalgary.ca