



Recommendation/Hire for Academics AE1

Human Resources
University of Calgary

[Form Help](#)

Transaction Type:

Please Select

Empl ID (if known):

Prefix:

Prefix

First Name:

Middle Name(s):

Last Name:

Address:

Prov/State:

Postal/Zip Code:

City:

Country:

Country of Birth:

Date of Birth:

Status in Canada:

Removal Allowance:

Yes

No

Personal Email:

Supporting Documentation:

☐ Yes

☐ No

☐ A

☐ B

☐ C

☐ D

☐ E

☐ F

(see Form Help for list)

Posting No:

JOR No:

Rank match Ad?

☐ Yes

☐ No

Effective Date:

Expected End Date:

(Required if not Tenured)

Dept ID/Name:

Rank:

Appt Type:

Limited Term Reason:

according to Article 1.6 c)

Secondary Title:

Position #

Joint Appointment:

Dept ID:

Dept ID:

Dept ID:

Dept ID:

Automatically terminate current appointment?

☐ Yes

☐ No

Salary Components:

Comp. Rate (annual)

Position # (if applicable)

FTE:

Research/Project Holder:

1

Start Date:

End Date:

Fund

Dept ID

Account

Internal

Project

Activity

2

Comp. Rate (annual)

Position # (if applicable)

FTE:

Research/Project Holder:

Start Date:

End Date:

Fund

Dept ID

Account

Internal

Project

Activity

3

Comp. Rate (annual)

Position # (if applicable)

FTE:

Research/Project Holder:

Start Date:

End Date:

Fund

Dept ID

Account

Internal

Project

Activity

Other Income (Paid directly by):

Comp. Rate (annual)

Effective Date

Expected End Date

Other Funding (start-up funds, house-hunting trips, etc)

Yes

No

Relocation top-up (if known) :

Start-up Funds (if known) :

Other:

Comments

Approvals

Direct Reporting Information:

Head or Equivalent:

Dean or Equivalent :

Position #:

Recommended by Head (or equivalent) to Dean:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Name:

Signature:

Date:

Recommended by Dean (or equivalent) to Provost & Vice-President (Academic)

Name:

Signature:

Date:

Name:

Signature:

Date:

Action of the Provost & Vice-President (Academic):

By signing this document, I hereby approve the details as described herein:

Name:

Signature:

Date:

Distribution Date:

FRM#-AE-1

Please scan and email completed form to the HR Contracts Team: academic.contracts@ucalgary.ca

Form Last Updated: Jan 2024

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