



Recommendation/Hire Adjuncts & Clinicals

Form AE2 (MED)

Personal Information									
Transaction Typ	oe:				Empl ID: (if known)			
Prefix:	First	t Name:		Middle N	lame(s):		Last Name	:	
Address:			City:			Prov./State	e:		
Country: Postal/Zip						Country of Birtl	h:		
Date of Birth:									
Status in Canada: Canadian Citizen Permanent Resident Other (Please Specify)									
Supporting Documentation for Faculty/Dept. Records (for initial appointment only):									
☐ Current CV ☐ 3 Letters of Reference ☐ Personal Information Form ☐ Signed Letter from Dean									
Appointment	t Information	on							
Effective Date:			Expected En	nd Date:					
Adjunct Faculty	//Dept ID:				Appt Type/Bus	iness Title:			
Joint Appointment Dept ID: Primary Appointment Dept ID: Current Employer:									
University of Calgary OTHER: Please specify company and business title (include Faculty, Department and Rank if applicable)									
			<u> </u>			•	•	•	
ONLY for Pa	id Clinicals	<u> </u>							
Honorarium/Sti			_						
**Should the exp	ected end date ex	tend past the funding ex	piry date you are requ	uired to subn	nit a new accounting for	rm (if applicable)			
Start Date:		End Date:	Fund	Dept ID	Account	Interna	al	Project	Activity
Einanaa Bartna									
Finance Partner: Name: Signature:							Date:		
					untable for (i.e. colony	or accounting inform	_	t and valid	
By approving this form, I confirm that the information I am accountable for (i.e. salary or accounting information) is correct and valid. Comments									
Faculty / Dep	oartment A	uthorizations							
Direct Reporting Information:						Position #:			
Head or Equivalent:					n or Equivalent:				
Recommended	by Head (or	equivalent) to Dea	an:						
Name:	: Signature:				Date				
Name:			Signature:		Date				
Approval of the									
By signing this document, I hereby approve the details as described herein: Name: Signature:							Date:		
HR Use Only			Oignature.						
TIN USE ONLY	Distribution	on: Dean	Head	Ву			Date:		
								Form	Last Updated: September 2021
Please scan and email completed form to hracadem@ucalgary.ca									
Thouse south and email completed form to macadem edealyary.ca									

Faculty should note that the University of Calgary collects, uses and discloses personal information in accordance with the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. Information is collected under the authority of the FOIP Act as well as the Federal Statistics Act and Income Tax Act. It is required for administrative purposes and is disclosed to relevant academic and administrative units. Specific data elements are disclosed to the federal government to meet reporting requirements and to the Faculty Association in accordance with the Collective Agreement. Relevant educational qualifications, current rank, department/faculty affiliation, salary range, and business address and telephone number are defined as the employee's public record; all other data is considered confidential.

This Agreement may be signed and delivered in counterparts with the same effect as if each party had signed and delivered the same copy, and when each party has signed and delivered a counterpart, all counterparts constitute one Agreement. Delivery of a copy of this Agreement by facsimile or by another form of electronic transmission is good and sufficient delivery.