



## **Recommendation/Hire Adjuncts & Clinicals**

Form AE2 (NURSING)

Personal Information		
Transaction Type: Empl ID: (if known)		
Prefix: First Name:	Middle Name(s):	Last Name:
Address:	City:	Prov./State:
Country:	Postal/Zip Code: Co	ountry of Birth:
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	ned Letter from Dean
Appointment Information		
Effective Date:	Expected End Date:	
Adjunct Faculty/Dept ID:	Appt Type/Busin	ness Title:
Joint Appointment Dept ID:	Primary Appoint	ment Dept ID:
Current Employer:		
☐ University of Calgary ☐ OTHER: Please specify	y company and business title (include Faculty, D	epartment and Rank if applicable)
ONLY for Paid Clinicals Honorarium/Stipend:		
Honorarium/Supenu.		
**Should the expected end date extend past the funding expiry	y data you are required to submit a new associating form	n (if applicable)
	Fund Dept ID Account	Internal Project Activity
Finance Partner:		
Name:	Signature:	Date:
By approving this form, I confirm that the information I am accountable for (i.e. salary or accounting information) is correct and valid.  Comments		
Comments		
Faculty / Department Authorizations		
<b>Direct Reporting Information:</b>		Position #:
Head or Equivalent:	Dean or Equivalent:	
Recommended by Head (or equivalent) to Dean:	:	
Name:	Signature:	Date:
Name:	Signature:	Date:
Approval of the Dean:		
By signing this document, I hereby approve the details as describe		2.
Name:	Signature:	Date:
HR Use Only  Distribution: Dean Head By: Date:		
Distribution: Dean	Head By:	Form Last Updated: September 2021
Please scan and email completed form to hracadem@ucalgary.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.