

## Market Supplement Renewal Request Form

People & Culture

То:							
	Sandra Davidson, Prov	ost and Vice	President (Academic)	CC:	Faculty Associ	ation	
Date:							
From:							
			Details of Rank App	ointment			
Prefix:	First Name:			Last Name:			
Employee	ID: Ap	pointment Ty	/pe:				
Rank:			Expiry Date (if applicable	·):	Rank Sala	ry:	
Faculty:			Department/Area:				
			Market Supplemen	t Request			
Current m	arket supplement value	2:	End date:				
			el - Amount:				
Increase Market Supplement - Amount:							
			F				
Decrease Market Supplement Gradually							
			Amount:				
			Amount:				
			Amount:				
			Amount:		From:	То:	
	Market Supplement to	Expire As Of					
		Please con	Funding Sou		nt/area above		
Fund			ept ID	_	ount	Interna	1
Recovery I	Details:						
		Sign	natures/Approvals – Lice	the Fill/Sig	rn Tool		
RECOMME	NDED by the Dean (or Ad		n <mark>atures/Approvals – <u>Use</u> quivalent) to the Provost 8</mark>				
	-	ministrative E	quivalent) to the Provost &	Vice-Preside	ent (Academic):	Date	
Name:		ministrative E	quivalent) to the Provost &	Vice-Preside	ent (Academic):	_ Date:	
Name:	the Provost and Vice-Pres	Iministrative E sident (Acader	quivalent) to the Provost &	Vice-Preside	ent (Academic):	_ Date:	

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