

Market Supplement Request Form

People & Culture

CONFIDENTIAL

То:	Sandra Davidson, Provost and Vice-President (Academic)		Cc:	Faculty Association		
Date:						
From:						
Details of Rank Appointment						
Prefix: First Name: Last Name:						
Employee ID (if existing): Appointment Type:						
Rank: Expiry Date (if applicable): Rank Salary:						
Faculty: Department/Area:						
Market Supplement Request						
Requested Market Supplement Value: Start Date: End Date:						
Funding Source Please complete if accounting will not default to department/area above.						
	Fund Dept ID	not default t		ount Inter	rnal	
Recovery Details:						
Description/Rationale						
Please include a statement and/or available information regarding competitive pressures in the academic market for this discipline, offers from other institutions, etc.						
Signatures/Approvals - Use the Fill/Sign Tool						
Signatures/Approvals – <u>Use the Fill/Sign Tool</u> RECOMMENDED by the Dean (or Administrative Equivalent) to the Provost & Vice-President (Academic):						
Name:	Signature:			Date:		
ACTION of the Provost and Vice-President (Academic):						
Name:	Signature:			Date:		

For questions, please visit the Market Supplement website or contact academic.contracts@ucalgary.ca.