



UNIVERSITY OF
SASKATCHEWAN

**APPOINTMENT OF ACADEMIC STAFF – Form C
RECOMMENDATION OF THE DEAN**

A. Information on the Position		Position number:
Department:		College:
B. Recommended Candidate		
Name:		
Academic Qualifications (<i>degrees held, year degree granted and granting institution</i>):		
Postal Address:		
Citizenship/Immigration Status:		
<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> non-Canadian, Foreign Academic Recruitment Summary attached		
C. Terms of appointment:		
Rank:		
Effective date of appointment:		
Type of appointment (<i>check one</i>):		
<input type="checkbox"/> <i>probationary</i> leading to: <input type="checkbox"/> tenure <input type="checkbox"/> permanent status <input type="checkbox"/> continuing status (Med & CDC) <input type="checkbox"/> <i>with tenure or continuing status</i> <input type="checkbox"/> <i>limited term</i> from _____ to _____ <input type="checkbox"/> <i>without term</i>		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time (<i>specify % of full-time</i>)	
D. Conditions of appointment		
Licensure/Registration: <input type="checkbox"/> not applicable <input type="checkbox"/> required, must obtain <input type="checkbox"/> required, must maintain		
Specify licensing agency or authority, if applicable:		
Other conditions or comments (including requirements for completion of any graduate degree):		

E. Recommended Salary (please refer to 18.3) – any salary recommendation which exceeds the floor of the approved rank is the responsibility of the College.

Non-Medical Appointments Account #:
 \$ _____ per annum
 CDI count: _____ (maximum CDI count for Assistant = 6; Associate = 12; Professor = 18)
 Firm Salary \$ _____ per annum until _____
**A firm salary has specific meaning. Contact the USFA or HR.*
 For more information on setting salary rates, see Article 18.2.6 - Procedures for Setting Starting Salaries.

Medical Appointments
Components of Salary:

Academic	\$	CDI count: _____	Account #:
Service	\$		Account #:
Market Supplement	\$		Account #:
Prepaid Clinical Billing Supplement	\$		Account #:
Total annual income	\$		

F. Moving Expenses
 Eligible for moving expenses from (specify location): _____
 expenses as per Article 22.9 of the USFA Collective Agreement Yes No
 (Normal maximum is \$6,000 plus airfare; \$4,000 is paid for by the College)
 and/or \$ _____ Account #:

G. Duties of appointee (Standard University wording will be used in Offer of Employment unless otherwise specified in this section):

Signatures

Department Head:	Date:
Dean:	Date:
Provost or designate:	Date:

Instructions

For Deans: send a copy of Forms B, C and Foreign Academic Recruitment Summary (if required for immigration clearance) and any attachments required to the Office of the Vice-Provost, Faculty Relations.
Please note the requirements of Article 18.2.6 – Procedures for Setting Starting Salaries if the salary being recommended is above the floor of the rank.