

**HUMAN RESOURCES**

University of Calgary

2500 University Drive N.W.

Calgary, Alberta T2N 1N4

**CONFIDENTIAL**

**TO**: Penny Werthner, Interim Provost and Vice-President (Academic)

**CC:** Sheila Miller, Faculty Association **DATE**: January 12, 2024

**FROM:**

**MARKET SUPPLEMENT RENEWAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic’s Name:** | |  | | | |
| **UCID Number:** | |  | | | |
| **Department:** | | | | **Faculty:** | |
| **Appointment Type:** | | | | **Rank:** | |
| **Current Rank Salary:** | | | | | |
| **Current Market Supplement value:** | | | | **End date:** | |
|  | | | | | |
| **Choose one of the options below:**  Note that all choices require a rationale to be provided on page two | | | | | |
| **1. Renew Market Supplement at current level:** | | | | | |
|  | **$** | | **From:** | | **To:** |
| **2. Decrease Market Supplement** | | | | | |
|  | **$** | | **From:** | | **To:** |
| **3. Gradually decrease Market Supplement as follows:** | | | | | |
|  | **$** | | **From:** | | **To:** |
|  | **$** | | **From:** | | **To:** |
|  | **$** | | **From:** | | **To:** |
|  | **$** | | **From:** | | **To:** |
| **4. Allow Current Market Supplement to expire as of:** | | | | | |
| **5. Renew Market Supplement at increased level:** | | | | | |
|  | **$** | | **From:** | | **To:** |
| **Source of funds for this Market Supplement:** | | | | |  |
| **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. | | | | | |
| **RECOMMENDED by Dean (or administrative equivalent) to the Provost & Vice-President (Academic):**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature Date | | | | | |
| **ACTION of the Provost & Vice-President (Academic)**  By signing this document, I hereby approve the details as described herein:    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature Date | | | | | |

Please send completed form to Human Resources via email to [academic.contracts@ucalgary.ca](mailto:academic.contracts@ucalgary.ca)

If you have any questions concerning this information, please contact the HR Contracts team at (403) 210-9300.

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