UNIVERSITY OF CALGARY

Market Supplement Renewal Request Form

People & Culture

CONFIDENTIAL

To:	Sandra Davidson, Provost and Vice-President (Academic)
CC:	Faculty Association
Date:	
From (Name):	

Details of Rank Appointment

Prefix: _____ First Name: _____ Last Name: _____

Employee ID: _____ Appointment Type: _____

Rank: _____ Expiry Date *(if applicable)*: _____ Rank Salary: _____

Faculty: _____ Department/Area: _____

Market Supplement Request

Current market supplement value: _____ End date: _____

☐ **Renew Market Supplement at Current Level -** Amount: _____ From: _____ To: _____

☐ **Increase Market Supplement -** Amount: _____ From: _____ To: _____

☐ **Decrease Market Supplement -** Amount: _____ From: _____ To: _____

☐ **Decrease Market Supplement Gradually** From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

☐ **Allow Market Supplement to Expire As Of:** _____

Funding Source

Please complete if accounting will not default to department/area above.

Fund	Dept ID	Account	Internal

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

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 hracadem@ucalgary.ca.

Submit Form to hracadem@ucalgary.ca

Reset Form

This information is collected under the authority of the Freedom of Information Protection of Privacy Act. It is required for payment purposes and becomes part of personal record. If you have any questions about the collection or use of this information, please contact the Human Resources office at (403) 210-9300. 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.