

# SALARY REVIEW FORM FOR DEPARTMENT AND DEPARTMENT HEAD & ASSISTANT DEAN SALARY REVIEW COMMITTEES

(To be completed by the Dean or Department Head prior to applicable deadline date in Article 17.5.6 of the 2017-2022 Collective Agreement for each eligible employee).

Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Current Rank \_\_\_\_\_ College \_\_\_\_\_

Department \_\_\_\_\_

This case is based on  Review period only **OR**  Accumulated period since July 1, \_\_\_\_\_

**DECISION by Department/Department Head & Assistant Dean Salary Review Committee (may award up to 1 CDI):**

Half Increment  Full increment  Standard treatment Priority number \_\_\_\_\_ of \_\_\_\_\_ faculty

**RECOMMENDATION by Department/ Department Head & Assistant Dean Salary Review Committee to College Review Committee (CRC):**

Half Increment  Full increment(s)  Standard treatment Priority number \_\_\_\_\_ of \_\_\_\_\_ faculty

Award (A) and/or Recommendation (R) on the basis of: (indicate A or R or both)

- |   |   |
|---|---|
| <input type="checkbox"/> Teaching   | <input type="checkbox"/> Public service                         |
| <input type="checkbox"/> Research, scholarly, artistic work                         | <input type="checkbox"/> Administrative work                    |
| <input type="checkbox"/> Practice of professional skills (including scholarly work) | <input type="checkbox"/> Improvement in academic qualifications |
| <input type="checkbox"/> Extension work   | <input type="checkbox"/> Performance of full range of duties    |
| <input type="checkbox"/> Extra university work                                      | <input type="checkbox"/> Offer of employment                    |
| <input type="checkbox"/> Improvement and development                                |   |

Statement in Support of Salary Committee decision:

Date \_\_\_\_\_ Signed (Dean/Head) \_\_\_\_\_

I acknowledge that I received the above statement and that I have had an opportunity to discuss it with my Dean/Department Head. This signature shall not be deemed to be an acceptance by the employee of any matter of fact or opinion set out in this form.

**Comments:**

Date \_\_\_\_\_ Signed (Faculty Member) \_\_\_\_\_

Distribution of copies: Faculty Member, Dean's and Department Office (as appropriate), Office of the Provost and Vice-President Academic.