

SALARY REVIEW FORM FOR COLLEGE SALARY AND COLLEGE REVIEW COMMITTEES

(To be completed by the Dean/Executive Director 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/School _____

Department [If applicable] _____

This case is based on ___ Review period only **OR** ___ Accumulated period since July 1, ____

DECISION by College Salary Committee (may award up to 2 CDIs)/College Review Committee

___ Half Increment ___ Full increment(s) ___ Standard treatment Priority number ____ of ____ faculty

RECOMMENDATION by College Salary Committee/College Review Committee to PRC

___ Half Increment ___ Full increment ___ Standard treatment Priority number ____ of ____ faculty

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

- | | |
|--|--|
| ___ Teaching | ___ Public service |
| ___ Research, scholarly, artistic work | ___ Administrative work |
| ___ Practice of professional skills (including scholarly work) | ___ Improvement in academic qualifications |
| ___ Extension work | ___ Performance of full range of duties |
| ___ Extra university work | ___ Offer of employment |
| ___ Improvement and development | |

Statement in Support of Salary Committee decision:

Date _____ Signed (Dean) _____

I acknowledge that I received the above statement and that I have had an opportunity to discuss it with my Dean. 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.