

Faculty of Health Sciences  
Academic Appointment Impact Analysis Form

Part 1: Candidate and Appointment Information

1. Recommended Candidate (Full Name)

2. Citizenship

- Canadian                       Permanent Resident Effective date \_\_\_\_\_  
 Foreign Worker (Work permit required) Country of Citizenship \_\_\_\_\_

3. Education

- PhD  
    Discipline: \_\_\_\_\_ University: \_\_\_\_\_ Year: \_\_\_\_\_
- Masters  
    Discipline: \_\_\_\_\_ University: \_\_\_\_\_ Year: \_\_\_\_\_
- Other  
    Discipline: \_\_\_\_\_ University: \_\_\_\_\_ Year: \_\_\_\_\_

4. Appointment Start Date

5. Primary School/Department/Unit

6. Secondary School/Department/Unit

- Joint  
 Cross-appointment

7. Position type

- New: PeopleSoft Position Number: \_\_\_\_\_  
 Existing: PeopleSoft Position Number: \_\_\_\_\_

8. Appointment Type (check all that apply)

- Initial Tenure Track  
 Renewed Tenure Track  
 Tenured  
 Non-Renewable  
 Special (specify): \_\_\_\_\_  
 Queen's National Scholar  
 Canada Research Chair (CRC)  
 Endowed Chair (specify): \_\_\_\_\_  
 Executive

9. Recommended Rank

If rank is higher than approved, why?

10. Salary

11. Recommended Salary Range (from Faculty Relations)

12. Credit towards tenure (if applicable)

13. Credit towards first academic leave (if applicable)

15. Relocation expense reimbursement      Yes     No

\* As per Article 27, new full-time Members whose work assignment causes them to relocate more than forty (40) kilometres shall be eligible for reimbursement of up to \$9,000 for bona fide relocation expenses. This limit may be increase by the Dean upon request.

16. Time Commitments

Teaching	_____%
Research/Scholarly Activity	_____%
Administration	_____%
Other	_____%
Total FTE	100%

17. Workload document distributed to candidate Yes     No

18. Primary (Office) location

Part 2: Research/Scholarly Activity

1. Describe field/area of appointee's research/scholarly activity.

2. Will a research initiation grant (RIG) be requested? Yes  No

If Yes, specify the amounts and sources for internal and external sources of funding.

Internal: \$ \_\_\_\_\_ Source: \_\_\_\_\_

External: \$ \_\_\_\_\_ Source: \_\_\_\_\_

3. Is the candidate expected to be eligible for Canada Foundation for Innovation (CFI) funding?

Yes  No

If yes, please describe the source of matching funds.

4. Will this appointment require dedicated research space? Yes  No

If Yes:

Dry Lab  Proposed Location (Rm/Bldg) \_\_\_\_\_

Wet Lab  Proposed Location (Rm/Bldg) \_\_\_\_\_ Biohazard Level \_\_\_\_\_

5. Will this appointment require animal care services? Yes  No

If Yes, describe the nature of the services and how much space is required.

6. Additional Comments/Information.

What additional implications or benefits can you identify that might result from this appointment (eg. Will anyone need to be moved to accommodate the new appointee; how will the recruitment benefit existing investigators in terms of infrastructure and expertise, etc.)

7. Funding Eligibility

Grad Award (funding for graduate student) QGA \$ \_\_\_\_\_

Unit \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Other, specify \_\_\_\_\_ \$ \_\_\_\_\_

Part 3: Approvals

Primary Department

Joint Department (if applicable)

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Faculty of Health Sciences

\_\_\_\_\_  
Vice-Dean, Research/Director, Research

\_\_\_\_\_  
Dean or Delegate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date