



Name of Selected Candidate\*\*

LAST NAME/First Name

## APPLICATION FOR APPROVAL of RECRUITMENT

of New Tenure-Track/Tenured/Pre-Tenure-Track Academic or Librarian Recruitment

The University's financial commitment to this new hire to a tenure-track/tenured position (or pre-tenure-track for APSC) is limited to the funding of those terms and conditions noted therein. The Provost & Vice-Principal (Academic) may exclude or modify requested commitments and will indicate any such modifications in the Provostial Recruitment Approval Memo (PRAM) formalizing the approval of the candidate. Once finalized, additional, omitted or revised commitments to the candidate will become the responsibility of the Faculty(ies) or Department(s) unless such changes are approved via a revised PRAM.

**No finalized offer letter can be sent to the candidate before you receive approval of this application.**

1.	<b>Recruitment Licence #</b>	
2.	<b>Faculty(ies)</b>	<b>Joint in:</b>
3.	<b>Unit(s)</b>	<b>Joint in:</b>
4.	<b>Discipline/Position Advertised</b>	

**PERSON**

5.	<b>Rank</b> also indicate joint, tenure-track, tenured <i>Faculty of Medicine: indicate hospital if Clinical (GFTU)</i>	
6.	<b>PhD - Year received</b> most recent - Year anticipated, if Assistant Prof Spec Category - If none, highest equivalent MD, FRSPC, etc	

**ARRIVAL**

7.	<b>Planned Start Date</b> <b>Note:</b> Pre-approval from the Associate Provost is required for any start date other than 1 August or 1 January.	
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**SALARY**

8.	<b>Professorial Starting Salary</b> <b>Note:</b> Professorial salary needs pre-approval from the Associate Provost	
9.	<b>Other Financial Commitments, Compensation, Benefits</b> <b>NOTE:</b> other taxable benefits are not binding unless approved in writing by the Provost	
10.	<b>Any Anticipated Additional Sources of Funds Contributing towards the Professorial Salary</b> Please describe, eg. CRC, Endowed Chair, salary award, etc	

**ADDITIONAL APPOINTMENTS/RESEARCH**

11.	<b>Indicate any Associate Member Appointments</b>	
12.	<b>Potential CRC Appointment?</b> Agency & Tier <b>NOTE:</b> Only complete these questions if you have PVPA pre-approval for a CRC nomination for this incumbent. Specify any <b>other relevant details</b> regarding the CRC	
13.	<b>Potential Endowed Chair Appointment?</b> <b>NOTE:</b> Only complete this question if you have PVPA pre-approval for an Endowed Chair for this incumbent. Use <a href="https://mcgill.ca/apo/professorships-and-research-chairs/endowed-chairs-and-professorships">https://mcgill.ca/apo/professorships-and-research-chairs/endowed-chairs-and-professorships</a> to finalize the Endowed Chair Appointment nomination.	
14.	<b>Other Appointments?</b> eg. Dept Chair appt, Medical Director, Program Director, etc; specify unit, duration, stipend cost, etc.	
15.	<b>Potential Affiliation to Research Centre or Institute</b>	

**SPOUSAL/PROVOSTIAL ARRANGEMENTS**

16.	<b>Spousal Considerations?</b> specify discipline, hire rank, anticipated salary cost, etc <b>NOTE:</b> Only complete this section if you have PVPA pre-approval of a spousal/provostial appointment.	
17.	<b>Nationality (and citizenship, if different) of the spouse:</b>	



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<b>Faculty</b>	
<b>Unit</b>	

**FINANCIAL**

<b>18. Expected START-UP GRANT(S)</b>	\$ value	<b>TOTAL</b>	<b>Operating</b>	<b>Capital</b>	<b>Equipment</b>	<b>Renovations</b>
	Description					
	Additional Notes/Clarifications					
	Detail of Location, if relevant					
<b>19. CFI-JELF</b>		<b>Federal (40%)</b> (CFI-Dollar Amount)	<b>Provincial (40%)</b>	<b>Other (20%)</b>	<b>Total Project Cost (100%)</b>	
<b>20. Other Potential Funding Source for Operating Start-up and related amount</b>	eg. Carry forwards, capital budget allocation, etc.					

**SPACE** (\*\*\*) Mandatory section, please complete all questions (\*\*\*)

<b>21. Facilities Management Contact Person</b>	Who approved this space need?					
<b>22. Office Space</b>	Building Name					
	Room/Location/Size/Current Usage/Occupant					
<b>23. Research/Lab Space</b>	Building Name					
	Room/Location/Size/Current Usage/Occupant					

**TEACHING**

<b>24. Are there any special Teaching Arrangements?</b>	eg. What new or existing courses taught; for which undergraduate and graduate programs; progressive increase in teaching duties over time; <b>please describe</b>					
<b>25. If so, indicate normal Teaching Load in Dept</b>						

**OTHER**

<b>26. Other Commitments</b>	eg. clerical support, technicians for labs, etc.					
<b>27. Additional comments or detail other items/needs not captured by above questions</b>						



	<b>Name of Selected Candidate**</b>
<b>Faculty</b>	
<b>Unit</b>	

**APPROVALS:** **Faculty of Medicine: CIHR Clinician-Scientist award(s), or similar award(s)**  
 Where an institutional commitment at the time of the award application to provide a tenure-track position upon completion of training is a requirement. Provide a copy of the award agreement, terms and notification. The Provost and Vice-Principal (Academic) must be notified by the Dean at the start of this award of a probable tenure-track appointment request.

**\*\*NOTE on Second or Third Round Candidate** In order to facilitate negotiations in the same hiring cycle, should the selected candidate named on this document decline the offer, this agreement can be substituted for Second or Third round candidate, if required, on the same licence. This may be done when all other parameters remain identical, with the exception of rank requiring UTCR approval. Please submit a revised AAR with the finalized candidate's name shortly after negotiations are completed to receive an updated Provost Recruiting Agreement Memo (PRAM).

\_\_\_\_\_  
**Chair/Director's E-Signature<sup>+</sup>**

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**Joint Chair/Director's E-Signature (joint unit)<sup>+</sup>**

\_\_\_\_\_  
**Name<sup>+</sup>** *(Block Letters, if e-signature not used)*

\_\_\_\_\_  
**Name<sup>+</sup>** *(Block Letters, if e-signature not used)*

\_\_\_\_\_  
**Dept or Unit**

\_\_\_\_\_  
**Joint Unit**

Date Signed<sup>+</sup> \_\_\_\_\_

Date Signed<sup>+</sup> \_\_\_\_\_

\_\_\_\_\_  
**Dean's E-Signature<sup>+</sup>**

\_\_\_\_\_  
**Joint Dean's E-Signature (joint unit)<sup>+</sup>**

\_\_\_\_\_  
**Name<sup>+</sup>** *(Block Letters, if e-signature not used)*

\_\_\_\_\_  
**Name<sup>+</sup>** *(Block Letters, if e-signature not used)*

\_\_\_\_\_  
**Faculty**

\_\_\_\_\_  
**Joint Faculty**

Date Signed<sup>+</sup> \_\_\_\_\_

Date Signed<sup>+</sup> \_\_\_\_\_

\_\_\_\_\_  
**Associate Provost**

\_\_\_\_\_  
**Provost & Vice-Principal (Academic)**

Date Signed<sup>+</sup> \_\_\_\_\_

Date Signed<sup>+</sup> \_\_\_\_\_

**+ NOTE on E-Signatures**

E-Signatures are preferred. In the event that an electronic signature is not available, please print this document, sign it and append a scanned version for onward dissemination.