# Lakehead University Corporate Identity, 955 Oliver Raod, Thunder Bay, ON, Canada, P7B 5E1, lakeheadu.ca

FACULTY APPOINTMENT

RECOMMENDATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointee:** |  | **Proposed Start Date:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appointment:** |  | **Tenure Track** |  | **Limited Term** | Term: |  | year(s) |  | month(s) |

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| **Rank:** |  | Lecturer |  | Assistant Professor |  | Associate Professor |  | Professor |

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| **Campus Location:** |  | Thunder Bay |  | Orillia |  | Georgian College (Barrie) |

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| --- | --- | --- | --- | --- | --- | --- |
| **Citizenship Status:** |  | Canadian Citizen |  | Permanent Resident |  | Valid Work Permit |

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| --- | --- |
| **Current home address:** |  |
| (for moving expense claim the Letter of Offer must match their claim submission address) |  |

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| --- | --- | --- | --- |
| **Department/School/Faculty:** |  | **Dean:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **References Completed By:** |  | **Date:** |  |

Additional Appointment Details:

|  |  |  |  |  |  |  |  |
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| 1. | **Salary Recommendation**: | **$** | per: |  | annual |  | Contract term |

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| 2. | The number of years of full-time equivalent university service credited in the determination of the **salary** | |
|  | [in accordance with19.02.09 (D) for probationary or tenured appointments] |  |

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| 3. | ***(Tenure Track positions only)*** The number of years of previous teaching and professional experience | | | |
|  | that will apply to Articles 25.02.01 c), 26.03.02 c) 26.03.04 e) – [credit towards **tenure and promotion** | | | |
|  | in accordance with 19.02.09 (H)] |  | Year Eligible to apply for Tenure |  |

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| 4. | Requirements for Start-up, if any, to be offered on condition that a detailed plan is received upon | |
|  | acceptance of the offer and approved by the Dean | **$** |

**Dean to discuss** **with appointee:** (please complete and confirm **all** items below have been discussed with the Appointee. All checked items will be included in the appointment letter):

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| --- | --- | --- | --- | --- |
|  | Teaching Responsibilities (first year half course release) | | | |
|  | ***(Limited Term position only)*** 3.0 FCE ***or*** |  |  | FCE |
|  | Provision of computer – to be approved by Department/School/Faculty and charged to relevant budget *(unchecked if not applicable)* | | | |
|  | Benefits – appointee to contact Human Resources | | | |

**To be included in Letter of Offer (completed by Provost Office):**

|  |  |
| --- | --- |
|  | House Hunting and Moving Expenses *(unchecked if no moving is required))* |
|  | LUFA letter & Faculty Equity Employment Policy – link |
|  | Official Confirmation of Ph.D. [or highest level of degree earned] (*unchecked if current employee*) |

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| ***Special Comments or Notes:*** | |  | | |
|  | |  |  |
| *Faculty Dean* | |  | Date |
|  | |  |  |
| *Dr. David Barnett*  *Provost and Vice-President (Academic)* | |  | Date |

*PLEASE COMPLETE THE INFORMATION ON THE OTHER SIDE*

**Lakehead University has an obligation to submit the following information annually, as required by Statistics Canada. Your assistance in completing this information is appreciated.**

**Demographic and Professional Data Collection**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty Name**: |  | Dr. |  | Mr. |  | Ms. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender**: |  | Male |  | Female |

**Previous Employment**:  University – Teaching or non-teaching position at a university or affiliated college.

Non-university – Teaching or non-teaching position at other educational institutions (including community colleges)

Student (including postdoctoral fellows)

Public Sector – Employment in a government department or agency. This includes publicly funded health care agencies and the military

Private Sector – Employment in the private sector (including self-employed

Other

|  |  |
| --- | --- |
| **Province or country of previous employment**: |  |

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| --- | --- | --- |
| **Year of First degree**: |  | (*report the year in which the first university degree, postsecondary* |
|  |  | *diploma or professional designation was obtained*) |

**Level of highest earned degree**:  PhD or equivalent

Professional Degree (refers to medical and paramedical degrees

only)

Masters degree and equivalent (*i.e. MA, MSW, MBA, etc*.)

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| --- | --- | --- |
| **Year of highest earned degree**: |  | (*report the year in that the highest earned degree,* |
| *diploma or professional designation was obtained. If the faculty member has two or more degrees at the same level, report the year of the most recent.*) | | |

|  |  |
| --- | --- |
| **Province or county of highest degree**: |  |
| **Country of citizenship at time of appointment:** |  |
| **Principal subject to be taught**: |  |

This information on Page 2 will be kept and reported confidentially by the Office of Human Resources.

Thank you for your assistance.