BUDGET FORM

AUTHORIZATION FOR COMMITMENT TO A FACULTY POSITION
GOVERNED BY THE UNIVERSITY OPERATING BUDGET POLICY
(BUDGETING SERVICES)

BUDGET UNIT: 

BUDGET UNIT MANAGER: 

ENVELOPE: 

ENVELOPE MANAGER: 

FACULTY POSITION

☐ Tenure/Tenure-track
☐ Permanent/Teaching-track
☐ Contract: Category:

Duration: months

☐ CAWAR / Special

Estimated annual/contract salary: $ 

Estimated annual/contract cost of F/B: $ 

Total annual/contract compensation cost: $ 

OTHER ADDITIONAL COSTS (estimate) AND SPACE CONSIDERATIONS
Please note if other additional costs exceed the estimated total by 10%, the form must be updated and resubmitted to the Provost or Dean and Vice-President (H.Sc.) (as appropriate) for approval (can be done through confirming emails which will be attached to this form) before an offer is made to the candidate.

<table>
<thead>
<tr>
<th>START UP FUNDS</th>
<th>this can be based on previous start up costs of faculty members in the same department</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Source of Funds:</td>
</tr>
<tr>
<td>*Actual:</td>
<td>*Source of Funds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUIPMENT NEEDS</th>
<th>typically funded for similar appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-Time - $</td>
<td>Source of Funds</td>
</tr>
<tr>
<td>Annual - $</td>
<td>Source of Funds</td>
</tr>
<tr>
<td>*Actual One-Time:</td>
<td>*Source of Funds</td>
</tr>
<tr>
<td>*Actual Annual:</td>
<td>*Source of Funds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE/LAB SPACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Space Available</td>
</tr>
<tr>
<td>Costs of Any Renovations and Source of Funding:</td>
</tr>
<tr>
<td>Lab Space Required</td>
</tr>
<tr>
<td>Costs of Any Renovations and Source of Funding:</td>
</tr>
<tr>
<td>*Actual Office Details and Costs:</td>
</tr>
<tr>
<td>*Actual Lab Details and Costs:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEACHING RELEASE</th>
<th>based on previous teaching release agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of teaching release proposal: $</td>
<td>Source of teaching release coverage funds:</td>
</tr>
<tr>
<td>*Actual:</td>
<td>*Source of Funds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER KNOWN OR EXPECTED ALLOWANCES OR AGREEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please explain and provide anticipated costs and source of funds</td>
</tr>
<tr>
<td>*Actual</td>
</tr>
</tbody>
</table>

**TOTAL ESTIMATED ADDITIONAL COSTS: $**

**TOTAL ACTUAL ADDITIONAL COSTS: $**

* To be completed at the same time as the Authorization Form with actual numbers that will be included in offer letter
1. The total faculty complement proposed by this envelope in its most recent budget plan was:
   
   ____________________ FTE Tenure/Tenure-track
   ____________________ FTE Permanent/Teaching-track
   ____________________ FTE Contract
   ____________________ FTE CAWAR/Special

2. Does this position increase this complement?  □ No  □ Yes

3. Either:
   □ This is an existing position and the position has not been changed.
   
   The former incumbent of this position was: __________________________

   or: □ Planning for this proposed position is documented in the Unit's most recent Budget Proposal.
   Reference:

   or: □ The need for this position arises from changed circumstances as detailed below.

   or: □ This is a renewal/extension of an existing contract position held by: __________________________.
   The need for this renewal/extension arises from changed circumstances, as detailed below.

4. Please explain how this relates to the three to five year Faculty Plan.

5. Complete and initial the appropriate statement:

   □ Continuing operating base or current fiscal year funding currently exists to support the total cost of the appointment.
   
   Salary costs will be charged to account (10 digits): ________________________________

   □ Continuing operating base or current fiscal year funding does not exist to support the total cost of the appointment. It will be funded as follows:

   Salary costs will be charged to account (10 digits): ________________________________
CERTIFICATION AND APPROVAL

1. BUDGET UNIT AUTHORITY (or delegate with written authority):

   I certify:
   • that in my judgement, the staffing need is best met by this appointment, and that the documentation overleaf, or attached, is complete and correct;
   • that the total compensation costs of this position will be met as indicated above;
   • that I or my delegate will discuss any required budget adjustments with Budgeting Services.

   ________________________________________________  Date: ________________________________

2. ENVELOPE MANAGER:

   I approve the plan of the Budget Unit Manager, which has been documented to my satisfaction.

   The current envelope position, including this commitment, projected to next April 30th at: (date) __________ is:

   $_____________________ surplus/(deficit)

   In accordance with the University’s Budget Policy an Envelope Manager may not recommend or make any continuing appointment, either academic or non-academic, if a deficit in the envelope is projected at the end of the fiscal year without evidence of a formally approved deficit elimination plan. However, in certain circumstances if a deficit is projected, a commitment may be made to a contractually-limited appointment.

   ________________________________________________  Date: ________________________________

3. PRESIDENT AND PROVOST:

   For Tenure/Tenure-track appointments:
   I approve the plan.

   ______________________ Date:____________
   Provost

   ______________________ Date:____________
   President & Vice-Chancellor

   For Permanent/Teaching-track appointments:
   I approve the plan.

   ______________________ Date:____________
   Provost

   ______________________ Date:____________
   President & Vice-Chancellor

   For contract positions funded from University operating funds:
   I have noted the information contained in this document.

   ______________________ Date:____________
   Provost

   ______________________ Date:____________
   President & Vice-Chancellor

   RETURN TO ENVELOPE MANAGER

ORIGINATOR

This form has been originated by and any enquiries should be referred to:

Name: ______________________________________

Campus address: __________________________________ ext.: __________ e-mail: _______________________

Revised April 2007