

FACULTY OF HEALTH SCIENCES/AFFILIATED TEACHING HOSPITAL/COMMUNITY AGENCY
APPOINTMENT & ANNUAL REVIEW
MUTUALLY AGREED RESPONSIBILITIES (R4)
Full-time and Part-time Academic Appointments

Name: _____ University Department: _____

Academic appointment: Full time Part Time Rank: _____

Start Date: _____ End date: _____

Hospital Department: _____ Specialty: _____

Period of review: _____

Education (specify programs, roles)

TIME COMMITMENT

Research (specify projects/role, collaboration(s))

Health Services/Clinical (specify roles, frequency etc)

Administrative (specify committees, roles)

Candidate

Date

Chair/Associate Dean or Delegate

Date

Clinical Chief/Delegate or Community Representative

Date

Approved by Faculty Executive, January 22, 2003, revisions approved at CCC, March 12, 2003

SUBJECT TO CHANGE BY MUTUAL AGREEMENT BY ALL PARTIES