

# BUDGET FORM

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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.

<b>START UP FUNDS</b> - this can be based on previous start up costs of faculty members in the same department	
\$	Source of Funds:
<b>*Actual:</b>	<b>*Source of Funds</b>

<b>EQUIPMENT NEEDS</b> - typically funded for similar appointments	
One-Time - \$	Source of Funds
Annual - \$	Source of Funds
<b>*Actual One-Time:</b>	<b>*Source of Funds</b>
<b>*Actual Annual:</b>	<b>*Source of Funds</b>

<b>OFFICE/LAB SPACE</b>	
Office Space Available	Location:
	Costs of Any Renovations and Source of Funding:
Lab Space Required	Location:
	Costs of Any Renovations and Source of Funding:
<b>*Actual Office Details and Costs:</b>	
<b>*Actual Lab Details and Costs:</b>	

<b>TEACHING RELEASE</b> - based on previous teaching release agreements	
Cost of teaching release proposal: \$	Source of teaching release coverage funds:
<b>*Actual:</b>	<b>*Source of Funds</b>

<b>OTHER KNOWN OR EXPECTED ALLOWANCES OR AGREEMENTS</b>
Please explain and provide anticipated costs and source of funds
<b>*Actual</b>

<b>TOTAL ESTIMATED ADDITIONAL COSTS: \$</b>
<b>*TOTAL ACTUAL ADDITIONAL COSTS: \$</b>
* To be completed at the same time as the Authorization Form with actual numbers that will be included in offer letter

**FUNDING, BUDGET AND PLANNING INFORMATION**  
*(to be provided by Budget Unit Manager, or delegate)*

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 :**

<p><i>For Tenure/Tenure-track appointments:</i></p> <p style="text-align: center;">I approve the plan.</p> <p>_____ Date: _____</p> <p>Provost</p> <p>_____ Date: _____</p> <p>President &amp; Vice-Chancellor</p>	<p><i>For Permanent/Teaching-track appointments:</i></p> <p style="text-align: center;">I approve the plan.</p> <p>_____ Date: _____</p> <p>Provost</p> <p>_____ Date: _____</p> <p>President &amp; Vice-Chancellor</p>	<p><i>For contract positions funded from University operating funds:</i></p> <p style="text-align: center;">I have noted the information contained in this document.</p> <p>_____ Date: _____</p> <p>Provost</p>
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**RETURN TO ENVELOPE MANAGER**

**ORIGINATOR**

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

Name: \_\_\_\_\_

Campus address: \_\_\_\_\_ ext.: \_\_\_\_\_ e-mail: \_\_\_\_\_