

## The University of British Columbia Faculty of Medicine

Room 317, Woodward IRC 2194 Health Sciences Mall Tel: (604) 822-7207 Fax: (604) 822-6061 Email: bryan.wong@ubc.ca

## Request for Dean's Approval of Salary Award Applications

To be completed and signed by Department Head/School Director

Applicant Name:						
Department/School:						
Granting Agency:						
Award/Program:	eg. CIHR, H&	SSF, NSERC, etc.				
Expected Award Star	t Date:	Award Length:	year(s)			
Rank at Time of Awar	d:					
	Rank	Strear	n	Start/E	Effective Date	
Applicant currently h	as active appointment at the	e required rank for this a	award:	○ Yes	○ No	
If no, pending	appointment is contingent	upon receipt of award:	○ Yes	○ No		
	t is/will be in the Clinical Stre discuss if the Health Authori gency.		-			
I confirm the followin	g:					
All eligibility r	equirements of the granting	g agency have been me	t.			
1 1	ent/School/Centre is in comp ttps://mednet.med.ubc.ca/R			•	ard eligibility	criteria
If required by Director.	the Granting Agency, the di	raft letter of support fro	m the Dea	n has been r	eviewed by th	ne Head/
1 1	faculty: The Teaching, Scholordingly in order to contribu				•	-
If the applicant does i	not currently have an eligible	e rank, please work with	n your Dep	artment/Sch	nool administr	ator to confirm
The Departme	ent/School has submitted a dence of departmental supp	letter to Faculty HR in s	upport of	recruitment	from Head/Di	rector
If the appoint	ment is contingent upon red idate is aware of the condition				to Faculty HR	reflects this,
	upport included in the appli ment is subject to the usual icable)).					
The Department approval.	ent/School has submitted a	Recruitment Planner ar	nd accomp	anying docu	ıments to Facı	ulty HR for

Centre Director (if applicable)

Date

Department Head/School Director