

REQUEST FOR ACTION RELATED TO AN ACADEMIC POSITION

- ONLY ONE REQUEST PER FORM

				DATE			A-
				YEAR	MONTH	DAY	
SUBJECT :							
FACULTY, SCHOOL				DEPARTMENT			
ACCOUNTING PLAN - FOAP				POSITION NO. (REGULAR POSITION VS SUPPLEMENT)	POSITION CLASS	EMPLOYEE CLASS	
FUND	ORGANIZATION	ACCOUNT	PROGRAM				
EFFECTIVE DATES				FROM			SALARY
				YEAR	MONTH	DAY	
				TO			
				YEAR	MONTH	DAY	
• The following boxes should be completed only if the form requests an action concerning an employee; write this employee's name and employee number.							
SURNAME				GIVEN NAMES			EMPLOYEE NUMBER

DESCRIPTION OF REQUEST :

NAME

DATE

SIGNATURE

NAME

DATE

SIGNATURE (VICE-PRESIDENT)

FOR ADMINISTRATION USE ONLY