

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

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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**