***PLANNING & PRIORITIES COMMITTEE APPROVAL TO ADVERTISE / RECRUIT***

# PPC Part 1

**Please provide all information in Part 1 in order to receive approval to commence recruitment (to be submitted by the primary Department Head).**

PPC No.: (PPC use only)

## 1.1 – Demographic details

1.1.1 Name of Department(s) (Indicate primary and secondary Department affiliations)

1.1.2. Name of Sponsoring Institute or Relevant Senior Associate Dean

(Attach Letter of Support – this letter must include specific information regarding the Institute involvement, start up package, educational activities, fit of the individual with the Department, Institute and Faculty strategic plans).

* + 1. Academic Rank, Division (if applicable), Other Role (if applicable) and Job Title
    2. Proposed date of commencement
    3. How will the position be advertised and what is the proposed closing date? Please note that all open approvals to recruit will be reviewed annually.

**As per University of Calgary policy.**

* + 1. What is the expected job profile of the position (% research, % education,

%service (clinical or otherwise), and % administration)? Unless the recruit will have a defined administrative role at the outset, the expectation is that 5% would be allocated for administration.

(Job Profile needs to match the FTE Profile on the AHS Impact Analysis Form, if applicable)

* + 1. Will this be a tenure track position? If yes, please justify the necessity for this.

**No.**

## – Justification for recruitment

Please respond to **all** the questions or requests for information in each sub-section. If the required information is not applicable to this recruitment, justify or state why the requested information is not applicable. The input fields are expandable. Failure to adequately respond to a question or request for information **will** delay assessment of the request.

## Reason for recruitment

* + - 1. How was the decision to recruit made and by whom?
      2. Explain how this recruitment relates to the Department and/or Institute’s Strategic Plan/Workforce Plan.

## Financial support to the individual (remuneration)

* + - 1. What will be the source of salary support? (Specify % split if applicable)

**100% ARP**

* + - 1. What is the duration of salary support?

**5 years**

* + - 1. If salary support/remuneration will be from an external source(s), name the source(s) and provide details indicating when it is anticipated external salary support will commence.

**Not applicable**

* + - 1. What are the back-up plans should external salary support not be obtained?

**Not applicable**

* + - 1. Is this an approved ARP position?

**Yes**

* + - 1. If this is an ARP position, is funding in place for the GFT component?

**Yes. 100% ARP funded**

* + - 1. If it is anticipated that this will be an ARP position, but an ARP position is not presently available, how will the position be funded in the interim?

**Not applicable**

* + - 1. Identify any stipends, supplements, honoraria or other sources of income proposed. Identify the source(s) and provide confirmation of that support.

## Laboratory, infrastructure and office requirements

* + - 1. Provide location and room numbers of office and, if necessary, lab space
      2. If you cannot identify appropriate available space, provide details of how and when these needs will be met.

**Not applicable**

* + - 1. What are the requirements for administrative support?
      2. Will this recruitment require any major new infrastructure? (Please include significant IT requirements and any anticipated renovations associated with this recruitment). If yes, provide details regarding how this is to be obtained/funded.

**No**

* + - 1. Identify the magnitude of the start-up funding required and the source(s) of this funding.

## Clinical practice requirements

* + - 1. What are the requirements for outpatient clinics and hospital based resources such as operating room time, GI endoscopy, etc.?
      2. Please provide written support of appropriate regional medical and administrative leaders who have approved the resources to support the clinical practice requirements of this recruitment.

(Attach the approved Alberta Health Services Impact Analysis Form, if applicable)

**See attached Impact Analysis**