

**APPOINTMENT OF A JOINT MEMBER – Medical Faculty**

**Renewal:**  
**New Appointment:**

"Secondary joint appointments are appropriate for medical faculty who contribute in equal or nearly equal parts to the academic work of both primary and secondary units. Joint memberships are temporary, insofar as they are typically three to five year appointments, subject to renewal." (Section 7.4.2, Procedures Manual for Medical Faculty, June 20, 2017)

<b>Name</b>				
<b>Rank</b>		<b>Employee ID</b>		
<b>Primary Unit:</b>	<b>Department:</b>		<b>College:</b>	
<b>Secondary Unit:</b> (Proposed Department or College for Joint Membership)				
<b>Period of Joint Membership:</b> from _____ to _____ (normally not less than 3 years or more than 5 years)				
_____ <b>Percentage Split between</b>				
<b>Primary Unit:</b>			<b>Secondary Unit</b>	

**COVERING AGREEMENT**

**Purposes of Joint Membership:**

**Assigned Duties in Secondary Unit** (*\*see note below*):

**Mechanism Used to Ensure Fairness in Assignment of Duties in Secondary Unit:**

**Extent of Participation in Collegial Processes of Secondary Unit:**

**Collegial Processes by which Assessment for Promotion are to be Determined:**

**Have Duties in Primary Unit Been Altered Because of This Appointment?** If so, describe. (If the duties in the Secondary Unit are extensive, it may be desirable to list fully the duties in the Primary Unit.)

**Mechanism for Consultation Between the Academic Unit Heads to Resolve Any Issues Associated With the Assignment of Duties or Assessment Through the Collegial Processes:**

**Agreed Dispute Resolution Method to Resolve Disagreements that May Arise With the Assignment of Duties or Assessment Through the Collegial Processes:**

**Budgetary Provision:** If salary is supported, in part, by Secondary Unit, what is the proportion?

**Other Conditions:**

<b>Date:</b>	<b>Faculty Member:</b>	<b>Signature:</b>
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**Recommended: Primary Unit**

Date of vote of academic unit: \_\_\_\_\_

**Secondary Unit**

Date of vote of academic unit: \_\_\_\_\_

Head: \_\_\_\_\_  
(Please Print Name & Sign)

Head: \_\_\_\_\_  
(Please Print Name & Sign)

Dean: \_\_\_\_\_  
(Please Print Name & Sign)

Dean: \_\_\_\_\_  
(Please Print Name & Sign)

\*Note 1. If duties involve graduate student supervision or teaching, send the form to the College of Graduate and Postdoctoral Studies (CGPS). **The CGPS will forward the form to the Office of the Vice-Provost for final approval** on behalf of the Provost and Vice-President Academic.

**Approved by:**

\_\_\_\_\_  
Dean, CGPS, if required

\_\_\_\_\_  
Vice-Provost, Faculty Relations

Submit the completed form to the Vice-Provost for approval on behalf of the Provost and Vice-President Academic.  
When approved, copies will be sent to: Faculty member, each signatory and Faculty Association.