

ACFP Change Request

To be used to address situations where a change to the ACFP deliverables has been requested.

Section 1

Name		U/DH name	
Department	Choose an item.	Date	Click here to enter a date.
Division	Choose an item.		

Requested change – check one

- A. *Change to contracted FTE. (1.0 FTE = 220 contracted days/year)
- B. *Change to the allocation of academic and clinical deliverables (e.g., 80/20%)
- C. Temporary change to FTE (e.g., absence from the contract for a defined period of time)
- D. Desire to change start or end date of the contract.

*Also complete the ACFP Contract Profile form.

Reason for request: (e.g., medical, change of duties, personal, relocation, career)

Signature indicates **acceptance of proposed change** (if required complete [ACFP Contract Profile form](#) and forward along with this form to acfp.office@usask.ca)

U/DH Signature		Date	
MFA Signature		Date	

Section 2: (FOR ACFP OFFICE USE ONLY)

Base Remuneration: \$ _____

	Current	Proposed	Impact (+/-)
Clinical FTE			
Clinical funding			
Academic FTE			
Academic funding			
Other			

Comment:

The change has been authorized to proceed by;

- Regional Health Authority
- College of Medicine
- Ministry of Health

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- ACFP contract has been amended
 - ISA has been amended
 - MFA has agreed to and signed revised documents
 - Necessary documentation has been filed

Signature below indicates the above has occurred

ACFP Office Signature		Date	
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