Queen's

INTERNAL HEADS

EQUITY REPORTING FORM

DEPARTMENT/UNIT:	DATE OF	
FACULTY/SCHOOL:	APPOINTMENT:	
Please list all members of the selection committee in accordance with Articles 41.2 of the Collective Agreement. All members must have participated in an Employment Equity workshop for Appointments and the Employment Equity Representative must have participated in the Employment Equity Representative workshop. Please indicate training for each committee member with either Yes or No. A. SELECTION COMMITTEE		
WHO	NAME	EQUITY TRAINING
Dean (or designate):		
Employment Equity Representative:		
Student Representative:		
Departmental Support Staff:		
Member:		
Member:		
B. APPOINTEE		
Name:		
The Selection Committee has reviewed Articles 24.1 and 24.2. Date		
	Date	

PLEASE RETURN THIS DOCUMENT TO THE EQUITY OFFICE Mackintosh-Corry Hall Room B513 613-533-2563

Internal Heads Equity Office