

**ACADEMIC STAFF NON-INSTRUCTIONAL
Recommendation for Re-Appointment**

To be used when appointee has been employed at the University within the past two (2) years.

Name _____

1. Address _____

Phone: _____ SSN: _____

Department/Office: _____

Position Title: _____

2 Length of Appointment: (check one)

- 9-month contract _____
- 12-month contract _____
- First Semester contract _____
- Second Semester contract _____
- Short-term contract _____

3 Period of Appointment: Starting Date: _____ Ending Date: _____

4 Percent of time employed during period of appointment (FTE): _____

5 Salary for appointment period: _____

6 Full-time equivalent salary (circle annual or academic year): _____

7 Position responsibilities:

8 Account(s) to be charged: _____
(NAME, 10 DIGIT CODE, _____
PERCENTAGE) _____

Supervisor: _____ Date: _____

Director: _____ Date: _____

Budget Officer: _____ Date: _____

Human Resources Director: _____ Date: _____

APPROVAL OF CABINET OFFICER

Remarks:

Signature: _____ Date: _____
Cabinet Officer

Copy of this form and appointment letter sent to:
Requestor
Director
Payroll