

FACULTY/INSTRUCTIONAL ACADEMIC STAFF
Recommendation for Re-Appointment

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

Name _____

1 Address (check here if new ___) _____

Phone: _____ SSN: _____

Department: _____ Program: _____

2 Length of Appointment: (check one) Senior Lecturer Lecturer

9-month contract	<input type="checkbox"/>	<input type="checkbox"/>	(CHECK HERE IF SENIOR _____)
12 month contract	<input type="checkbox"/>	<input type="checkbox"/>	
First Semester contract	<input type="checkbox"/>	<input type="checkbox"/>	
Second Semester contract	<input type="checkbox"/>	<input type="checkbox"/>	
Short-term contract	<input type="checkbox"/>	<input type="checkbox"/>	

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: Teaching Load - undergraduate/graduate (100-600): _____ cr.
 graduate only (700-800): _____ cr.

Specify courses (if known):

	<u>Account Title & 10-Digit Code</u>	<u>Percent</u>
8 Account(s) to be charged:	_____	_____
	_____	_____

Department Chair _____ Date _____

Budget Officer _____ Date: _____

Human Resources Director _____ Date: _____

APPROVAL OF PROVOST

Remarks: _____

Signature: _____ Date: _____

Copy of this form and appointment letter sent to:
Chair
Payroll