Form No: 01-1200-24 (Rev. 07/13) (ivory)

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:	Empl ID:	
Department/Office:		
Position Title:		
2. Length of Appointment: (c	heck one)	
	9-month contract 12-month contract First Semester Contract Second Semester Contract Short-term Contract	
3. Period of Appointment: St	arting Date: En	nding Date:
4. Percent of time employed of	during period of appointment (FTE): _	
5. Salary for appointment per	riod:	
6. Full-time equivalent salary	(circle one): Annual A	cademic
7. Position responsibilities:		
8. Account(s) to be charged:	Account Title & 10-Digit	
Supervisor:		_ Date:
Director:		Date:
Cabinet Officer:		Date:
Budget Officer:		Date:
All s	igned forms forward to Office of	f Human Resources, Old Main 201.
Human Resources Director:		Date:
Copy of this form and appoints Supervisor Director Payroll Budget HR	nent letter sent to:	