



Academic Appointment Request Form

(For Faculty and Librarians Only)

We are requesting that an offer of employment be made to the following individual:

Check one: Dr. Ms. Mr.

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Email: _____

Will this person require U.S. government authorization for employment? Yes No

School of Record for Highest Degree: _____

Requisition ID: _____

Department: _____ Dept. Number: _____

Contract Dates: Start _____ End _____

___ Tenure Track ___ Non-Tenure Track (Temporary/Clinical Specialist/Lecturer)

___ Full Time ___ Part Time (Percentage of FTE: _____) (Hours FTE: _____)

Direct Supervisor: _____

Employment Type (10 months/12 months): _____

This person is being hired to fill:

___ A Vacancy. Incumbent _____

___ A New Position.

I further recommend this individual be hired to the position as follows:

College Title: _____ State Title: _____
(Instructor, Assistant, Associate, Professor, Lecturer, Senior Lecturer, Master Lecturer,
Clinical Specialist, Senior Clinical Specialist, Master Clinical Specialist)

Range: _____ Step: _____ Salary: \$ _____

Relocation expenses: \$ _____

Start-up costs: \$ _____

Additional Hiring Conditions/Comments:

(Clinical Specialist/Lecturer positions: please list 1-3 (more if needed) specific duties to be included in the contract)

Dean Signature

Date

Provost Signature

Date

(When completed and signed, please return to the Office of Academic Affairs)