

# Request for Faculty Appointment Contract

Faculty's vita and credentials verified w/Provost Office on \_\_\_\_\_

Credentials Verified:

\_\_\_\_ Schools Initials      \_\_\_\_ Provost Office Initials

Check All Applicable

Type of contract requested     New Faculty     Returning Faculty

Regular     Adjunct     Visiting \_\_\_\_\_     Overload     Stipend

Year 1, 2, or 3?

Prefix:

- Dr.
- Mr.
- Ms.
- Mrs.

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Home and Business Telephone Numbers

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
E-mail Addresses

\_\_\_\_\_  
Social Security Number

- Tenure
- Non-tenured on track
- Non-tenured not on track

\_\_\_\_\_  
Rank & Title

\_\_\_\_\_  
Base Pay Compensation      Term

\_\_\_\_\_  
Position Number

\_\_\_\_\_  
Administrative Pay      Term

\_\_\_\_\_  
Budget Number

\_\_\_\_\_  
Overload Pay      Term

\_\_\_\_\_  
Budget Number

Complete below for Adjuncts/Overloads

\_\_\_\_\_  
Credit Hours for Lab

**Courses**      **# of Students Enrolled & Course Capacity/Date**

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Previous Employee

\_\_\_\_\_  
Date of Termination & Salary

\_\_\_\_\_  
Dir. of IR/Budget Signature/Date

Approved

\_\_\_\_\_  
SR. VP of FIN/Admin Initials

\_\_\_\_\_  
School

\_\_\_\_\_  
Dean's Signature      Date

\_\_\_\_\_  
Provost and Senior Vice President

\_\_\_\_\_  
Date

March 28, 2006