Visiting Faculty-Hiring Approval

TO BE COMPLETED BY DEAN
☐ New ______________________________________________
   (name if known)
☐ Renewal for ______________________________________________
    (name)
Position #: ______________

☐ 2nd year        Academic Year (9-Month)        Full Time
☐ 3rd year        12-Months         Part Time (Specify FTE):_____

Current Salary: ________________________

Department: ____________________________________________________________________
Proposed Salary: __________________________
FOAP to Charge: _________________________________________________________________
Teaching Load: __________________________________________________________________
Academic Year: ___________________________

☐ Replacing a regular faculty member on sabbatical or UPLOA.
   Name of faculty being replaced: __________________________________________________________
☐ Some other reason (Explain):

Comments:  ________________________________________________________________________________
            ________________________________________________________________________________

Signature       Date

TO BE COMPLETED BY PROVOST
☐ Approved    ☐ Not Approved   Comments: ______________________________________________

Signature       Date

TO BE COMPLETED BY HUMAN RESOURCES
P Class:_________ E Class: ________  Div: _________ Employee Group: __________ Department: __________
EEO Position Group: ___________ Job Location: _______________________ SOC# _____________________
Comments:  ________________________________________________________________________________
            ________________________________________________________________________________

Signature       Date

TO BE COMPLETED BY BUDGET OFFICE

Position #  F       O     A  P          AC     100%

College:       Comments:  ________________________________________________________________

Signature       Date

Copies:   Dean   Provost    Budget    Academic Budget