

Affiliate Faculty - Hiring Approval

TO BE COMPLETED BY DEAN

| | | |
|--|---|--|
| <input type="checkbox"/> Affiliate Faculty of Instruction | <input type="checkbox"/> New | Position # _____ |
| <input type="checkbox"/> Senior Affiliate Faculty of Instruction | <input type="checkbox"/> Promotion | |
| <input type="checkbox"/> Clinical Affiliate Faculty | | |
| <input type="checkbox"/> Senior Clinical Affiliate Faculty | <input type="checkbox"/> Renewal for: _____ | |
| <input type="checkbox"/> Affiliate Faculty of Practice | <input type="checkbox"/> Full-Time | |
| <input type="checkbox"/> Senior Affiliate Faculty of Practice | <input type="checkbox"/> Other than Full-Time (specify) _____ | |
| <input type="checkbox"/> One Year | <input type="checkbox"/> Two Years | <input type="checkbox"/> Three Years |
| <input type="checkbox"/> Academic Year | <input type="checkbox"/> Academic Year | <input type="checkbox"/> Academic Year |
| <input type="checkbox"/> 12 Months | <input type="checkbox"/> 12 Months | <input type="checkbox"/> 12 Months |

Department _____

Proposed Salary: _____

FOAP to be Charged/%: _____

Is this replacement position related to the Voluntary Retirement Incentive Program (VRIP)? ☐ Yes ☐ No

Teaching Load: _____

Academic Year: _____

Comments _____

Signature

Date

(Be sure to attach Affiliate Faculty Questions Sheet)

TO BE COMPLETED BY HUMAN RESOURCES

P Class: _____ E Class: _____ Div: _____ Employee Group: _____ Department: _____

EEO: _____ SOC: _____ Prevailing Wage: _____ FTE: _____

Unit: _____ Job Location _____

Signature

Date

TO BE COMPLETED BY PROVOST

☐ Approved ☐ Not Approved

Signature

Date

TO BE COMPLETED BY BUDGET OFFICE

Position # _____ Acct. Code _____ Labor Distribution Acct/% _____ Labor Distribution Acct/% _____

Comments: _____

Signature

Date

Copies: Dean Provost Budget Academic Budget

Updated: 09.15.2020