

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	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 ____ Academic Year ____ 12 Months	<input type="checkbox"/> Two Years ____ Academic Year ____ 12 Months	<input type="checkbox"/> Three Years ____ Academic Year ____ 12 Months

Department: _____
Proposed Salary: _____
FOAP to be Charged/%: _____
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: 11.04.2019