

Visiting Faculty-Hiring Approval

TO BE COMPLETED BY DEAN

☐ New _____
(name if known)

☐ Renewal for _____ Position #: _____
(name)

☐ 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

_____	_____	_____	<u>6003</u>	_____	_____	<u>100%</u>
Position #	F	O	A	P	AC	Percent

College: _____ Comments: _____

Signature _____ Date _____

Copies: Dean Provost Budget Academic Budget