

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: _____

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

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 HUMAN RESOURCES

PClass: _____ EClass: _____ Div: _____ Employee Group: _____ Department: _____

EEO: _____ Job Location: _____ SOC#: _____ Prevailing Wage: _____

Comments: _____

Signature

Date

TO BE COMPLETED BY PROVOST

☐ Approved ☐ Not Approved Comments: _____

Signature

Date

TO BE COMPLETED BY BUDGET OFFICE

Position # F O A P AC Percent

College: _____ Comments: _____

Signature

Date

Copies: Dean Provost Budget Academic Budget