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| [ ]  Appointment [ ]  Reappointment       # previous quarters\* |
| \* 2-step increase during 10th quarter in same department |
| **NAME:**  |       |  | **DEPARTMENT:** |       |
| **% OF TIME:** (Based on approved IWCs—submit separate request if IWCs require approval)  |      % |
| **APPT. DATES:**  |       to       |  |
| **FUNDING APPROVAL:** (attach approval letter or email) | [ ]  Dean’s Allocation  | [ ]  Department  | [ ]  Other  |
| **TOTAL AMOUNT:** | $      | **ANNUAL SALARY BASE:** | $      | **MONTHLY BASE:**  | $      |

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| [ ]  | WORKLOAD IDENTIFIED: (course number and course name; identify area: lecture, lab, discussion and/or TA supervision; hours/week; IWC value) |
|  |       |
| [ ]  | **FOR OTHER CURRENT STATE-FUNDED APPOINTMENTS, PLEASE INDICATE LOCATION AND CURRENT % OF APPOINTMENT TIME:** (must attach appointment letter from state-funded institution) |
|  |       |
| [ ]  | **OTHER UC APPOINTMENT:** (Indicate position, department & percent) |
|  |       |

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| **REQUIRED FOR NEW APPOINTMENT:** |
| [ ]  | **FACULTY VOTE:**       | **For:**       | **Against:**       | **Abstain:**       | **Unavailable:**       |
| [ ]  | **AFFIRMATIVE ACTION:** |
|  | [ ]  Approved Waiver of Search, attached (Allowed for first 3 quarters only) | OR | [ ]  Approved Recruitment Plan, attached |
| [ ]  | LETTERS OF RECOMMENDATION (minimum of 3) | [ ]  | CURRENT APSU BIO/BIB & VITAE/RESUME |
| [ ]  | **DEGREE VERIFICATION:** |
|  | Highest Degree Earned:        | Institution:       | Date Received:       |
|  | Source: [ ]  transcript or [ ]  copy of degree | Verified by:       |
| [ ]  | **TEACHING EVALUATIONS (IF ANY)** |

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| **REQUIRED FOR REAPPOINTMENTS:** |
| [ ]  | **TEACHING EVALUATIONS (FOR REAPPOINTMENTS):** (please indicate if not available and reason) |
|  |       |
| [ ]  | **UPDATED APSU BIO/BIB & VITAE/RESUME** (only one per year) |
| [ ]  | **AFFIRMATIVE ACTION:** (required *only if not already on file*) |
|  | [ ]  Approved Waiver of Search, attached (Allowed for first 3 quarters only) | OR | [ ]  Approved Recruitment Plan, attached |

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|  | Department Chair’s Signature |  | Date |