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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) |
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|  | **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) | | |
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|  | **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 |