|  |  |  |
| --- | --- | --- |
| NAME:      | Employee ID #:      | DEPARTMENT:      |
| DATE OF REQUEST:       | SUPERVISOR:       |

Check one and include the documents listed:

[ ]  Recall for Teaching (with an approved pre-retirement agreement for teaching) [TC 1700]

1. Attach a copy of the signed MOU
2. Complete section 1

**Complete Sections 1 and 2 for the following:**

[ ]  Recall for Teaching (without a pre-retirement agreement for teaching) [TC 1700]

1. \* Justification for appointment – describe the need for the appointment, the qualifications of the candidate, and the departmental recommendation.
2. \*\* Faculty vote or an explanation of the means by which faculty were consulted.
3. Recent teaching evaluations for the candidate (for the previous year and/or previous quarter, if applicable)
4. Updated APSU Biography/Bibliography (once annually)

[ ]  Recall for Administrative Duties [TC 1702]

1. \* Justification for appointment – describe the need for the appointment, the qualifications of the candidate, and the departmental recommendation.
2. \*\* Faculty vote or an explanation of the means by which faculty were consulted.
3. Updated APSU Biography/Bibliography (once annually)

[ ]  Research Professor [TC 1702] [ ]  Professional Researcher—Recalled [TC 3802]

[ ]  Recall, Misc. [TC 3802] [ ]  Recall, Misc. Non-Exempt [TC 3812]

(Specialist in CE, Specialist, Project Scientist, Misc.)

1. \* Justification for appointment, including duties to be performed
2. \*\* Faculty vote or an explanation of the means by which faculty were consulted.
3. Updated APSU Biography/Bibliography (once annually)

**Section 1:**

|  |  |
| --- | --- |
| APPOINTMENT DATES:      to       | COURSE(S) TO BE TAUGHT (if applicable):      |
| FUND NUMBER (5-DIGIT):     (Please attach email approval) | AMOUNT PER COURSE [See Pre-Retirement Agreement or $10,100 per quarter course, (as applicable for teaching) or BYA (for administrative/service duties)]: $      |

**Section 2:**

|  |
| --- |
| \*JUSTIFICATION FOR APPOINTMENT:  |
|       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*\*DEPT. VOTE (if required) | DATE:       | POSITIVE:       | NEGATIVE:       | ABSTAIN:       | UNAVAILABLE:       |

|  |  |
| --- | --- |
|  |  |
| Department Chair’s Signature | Date |