|  |  |  |  |
| --- | --- | --- | --- |
| 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 |