



VASSAR COLLEGE  
REQUEST FOR APPOINTMENT FORM

DEPARTMENT \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ GENDER \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

TITLE \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

COURSES TO BE TAUGHT: \_\_\_\_\_

TOTAL UNITS: \_\_\_\_\_

OFFICE SPACE THAT HAS BEEN IDENTIFIED FOR USE \_\_\_\_\_

\_\_\_\_\_ No Need \_\_\_\_\_

Academic Suffrage: Yes No

New Position: Yes No Replacement for: \_\_\_\_\_

CONTRACT DATES: Year(s) \_\_\_\_\_ Semester(s) \_\_\_\_\_

Salary \$ \_\_\_\_\_

SIGNED \_\_\_\_\_

DEPARTMENT CHAIR/PROGRAM DIRECTOR

***PLEASE NOTE: ITEMS IN CAPS & BOLD MUST BE COMPLETED BEFORE SENDING TO THE DEAN'S OFFICE. A CV MUST BE ATTACHED FOR NEW HIRES.***

*This area for DoF Office use only*

NEW HIRE: \_\_\_\_\_ REHIRE: \_\_\_\_\_ COMPLETED PH.D. AMT: \$ \_\_\_\_\_

MOVING ALLOWANCE: YES \$ \_\_\_\_\_ NO

START-UP: \$ \_\_\_\_\_

REGULAR TENURE CONTRACT: \_\_\_\_\_ ADVANCED TENURE CONTRACT: \_\_\_\_\_

SPECIAL COMMENTS:

Approved By: \_\_\_\_\_