



VASSAR COLLEGE
REQUEST FOR APPOINTMENT FORM

DEPARTMENT _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ GENDER Male Female
 _____ SOCIAL SECURITY# _____

PHONE (Home) _____ Phone (Other) _____

Marital Status _____ Spouse/Partner Name _____

TITLE _____ FULL-TIME _____ PART-TIME _____

COURSES TO BE TAUGHT: _____
 _____ TOTAL UNITS: _____

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: _____