

Form #9 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: \$ _____

Department Chair/Program Director Signature: _____

PLEASE NOTE: ITEMS IN CAPS & BOLD MUST BE COMPLETED BEFORE SEDNING 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. AMOUNT: _____

MOVING ALLOWANCE: yes: \$ _____ no

START-UP: \$ _____

REGULAR TENURE CONTRACT: _____ ADVANCED TENURE CONTRACT: _____

Special comments:

Approved by: _____