

Hiring/Contract Modification Request Form
FORM B

Revised October 2016

This form is submitted only for an individual to whom you wish a contract sent. Please send it to the Provost's Office for approval.
Attach current resume.

1. Type of appointment: New Hire Reappointment Contract Revision Date: _____

2. Department/Program: _____

3. Name and Address of Candidate: _____

4. Sex: _____

5. Citizenship: U.S. or permanent resident Foreign national Visa Status _____

6. Special Field(s): _____

7. Tenure-track appointment: Yes No

If Yes, PLEASE NOTE: This document will be approved by the Office of the Provost and Dean of the College after the receipt of the Faculty Search Plan by the Human Resources Office.

8. Proposed rank: Instructor If Ph.D. by Oct. 1, convertible to Assistant Professor for _____ year(s)
 Assistant Professor 1st level Lecturer
 Assistant Professor 2nd level Visiting Lecturer
 Associate Professor Instructor in Science Laboratory
 Professor Other

Date of Ph.D.: _____ Years of post-doctoral experience: _____

9. Full-time
 Part-time: _____ FTE (*fraction of full-time*)
 Regular Part-time (tenure-eligible faculty only)

10. If possible, list courses and semester s/he will teach. (Indicate if team-taught)

1st Semester

2nd Semester

11. Contract for academic year(s): _____ Signature of Department Chair: _____

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Section to be completed by Provost's office only:

Approved by the Provost/Dean: _____

Proposed salary: _____ Confirmed FTE: _____
(Until salary scale for next year is announced, please indicate salary step on current scale)

Any previous years of experience counting on clock? No Yes _____ years

Position # _____ Cost Center _____