Procedures for Appointment of New Faculty and Academic Administrators

The procedures listed below are to be followed in order to ensure full documentation for future full-time faculty and part and full-time administrator appointments. **No appointment should be made without the approval of the Provost.**

Please bring this information to the attention of your staff members who are involved in the processing of appointments.

Before any offer is made or a contract letter is sent, a completed packet which includes an approved Authorization to Recruit Form, a completed Appointment Form, and a curriculum vitae must be submitted to the Provost’s Office. Only when the packet has been approved by the Provost can an offer be extended to a candidate.

1. **Authorization to Recruit Form** (Form A)

   Written clearance from the Provost’s Office is necessary before recruitment of any full-time faculty or administrative staff opening can be put into effect. Form A should be completed and forwarded to the Provost’s Office for approval by the Vice President. A photocopy of the Authorization to Recruit Form will be returned to the Dean or Director, and also forwarded to Human Resources.

A. **First Time Appointments** (Forms B and C)

   The completed and signed Appointment Form (for first-time appointment of regular full-time faculty, and full or part-time administrators) is to be submitted to the Provost’s Office. Be sure to fill in the entire form, including:

   1. The recommended rank, including any differential which is dependent upon receipt of a degree before the effective date of appointment.

   2. The recommended salary and any salary differential which is dependent upon receipt of a degree before the effective date of appointment.

   3. A statement as to whether the appointment is an addition or a replacement, and in the latter case, for whom.

   4. The sources and amount of compensation for services to be rendered to the University. If the salary is partially from a research grant or some other such sources and partially from the University, the percentage and amount of each should be indicated (in POETS format).

   5. The effective date of appointment for full-time faculty.

   6. A notation giving any special or unusual details concerning the appointee.
AUTHORIZATION TO RECRUIT

FORM A

School or College: ________________________________

Department: ________________________________

Recommended Rank: ________________________________

Faculty Status and Salary: Full-time ____ Recommended Salary $ ________________

The department will utilize the Faculty Recruitment and Retention Toolkit: □ Please Check

Recommended Title (Administrator): ________________________________

Administrator Status and Salary: Part-time ___ Full-time ___ Recommended Salary ______

Source of Salary Funds (if partially from University and partially from some other source, state percentage and amount of each):  
P ________________
O ________________
E ________________
T ________________
S ________________

Vacant line for which authorization to recruit is being sought: ________________________________

Building and room number where employee will work: ________________________________

Effective Date of Appointment: __________________ Building and Office No. ______

Remarks (arguments in favor of filling existing line):

Recommendation of Department Chair:

Signature __________________________ Date __________________

Recommendation of Dean:

Signature __________________________ Date __________________

Approval: Budget Manager of School/College or Department

Signature __________________________ Date __________________

Endorsement of Vice President for Academic Affairs:

Signature __________________________ Date __________________
FULL-TIME FACULTY APPOINTMENT FORM  FORM B

Name: ___________________________ School or College: ___________________________
(last) (first) (middle initial)

Recommended rank: ________________________ Department/School: ___________________________

Recommended salary: $ ________________________

Addition: _____ or replacement for: _______________________________________________________
(name and title)

Source of salary funds (if partially from University and partially from some other source, state
percentage and amount of each): P _____________
O _____________
E _____________
T _____________
S _____________

Are moving expenses recommended? No _____ Yes _____

Effective date of appointment: __________________________ Check if Reappointment ______
Building and Office No. ____________

Recommendation of Department Chair:

Signature __________________________________________ Date _________________________

Recommendation of Dean:

Signature __________________________________________ Date _________________________

Approval of Executive Vice President and Provost:

Approved rank: __________________________ Approved moving expenses $___________

Approved salary $ __________________________

Signature: _________________________________________ Date _________________________
ADMINISTRATOR APPOINTMENT FORM

FORM C

Name: _______________________________ Area: _______________________________
(last) (first) (middle initial)

Recommended title: ___________________________ Department: __________________

New position: ___ or replacement for: ________________________________

In-House Promotion: No ___ Yes ___ If Yes, present title: __________________

Status and salary:
  Full-time recommended salary $ ____________
  Part-time recommended salary $ ____________

Please attach new position description or any changes in job description.

Source of salary funds (if partially from University and partially from some other source, state percentages and amounts for each):  
P __________________
  O __________________
  E __________________
  T __________________
  S __________________

Remarks: _______________________________________________________________
______________________________________________________________

Are moving expenses recommended?  No ___ Yes ___

Effective date of appointment: __________________ Building and Office No. ________

Recommendation of Director/Supervisor:
Signature ___________________________ Date ______________________

Recommendation of Dean/Assistant/Associate Provost (if applicable):
Signature ___________________________ Date ______________________

Approval of Budget Manager of School/College or Department:
Signature ___________________________ Date ______________________

Approval of Executive Vice President and Provost:
Signature ___________________________ Date ______________________