



Authorization for Securing New Faculty

dZ]• } μ u v š U v o o } u % U v Z] μ θ μ % φ } u v š } v o o •] P v š μ s O E / • • ~ A E
μ •] v P š Z μ % o } o] v l š š Z } š š } u } (š Z (} O E u X

Please prepare contract for the person and position described below:

1. Name _____

2. Address:

i X Rank: _____

o X Department: _____

n X College: _____

o X Salary: _____

o X Contract Period: _____

o X Number of Months: _____ z z z

o X Type of Contract: _____

i i X rank is that of Instructor, select one of the following:

i i X Indicate appropriate footnote, if any:

X Based on an annual salary of _____ fo O E _____ months.

X Rank will be that of _____ if all requirements for the degree are completed by

X Salary includes a stipend of _____ for serving as _____

12. Is this person a U. S. citizen? Yes No

a. If the answer is no, what is his/her visa or immigration status? _____

13. Is there additional information about the immigration status of this individual which we should be aware of and call to the attention of the International Student/Faculty Advisor?

[Empty text box for immigration status information]

14. Is there any other information about this individual that needs to be taken into account when preparing their contract?

[Empty text box for other information]

h/E [unclear] : _____

Date of Birth: _____

Position Number: _____

Please attach copies of the following documents:

- Du\$ [unclear]
- The candidate's [unclear]
- [unclear] (b) [unclear]

I certify that I have checked with the appropriate department chair and the following steps have been taken in connection with this position:

- [unclear]
- Interview conducted in accordance with Procedures for Appointment of New Faculty in current Faculty Handbook.

I hereby (1) certify that this person meets the requirements of the University and Commonwealth for the particular rank requested and that funds are available for the salary indicated and (2) authorize a contract to be prepared and

DEAE _____ DATE _____

VICE PRESIDENT _____ DATE _____

K [unclear] Approved v]

IED Representative _____ z DATE _____