

SHORT TERM FACULTY APPOINTMENT OR REAPPOINTMENT

Use this form (or departmental form or chair's letter) to request appointment or reappointment of "short-term" faculty members. (limited to Research Associate, Research Associate Trainee, Visiting Scientist, Lecturer, part-time, for two quarters or less, Artist in Residence for two quarters or less, Teaching Associate for two quarters or less, Acting Instructor for two quarters or less, Visiting Lecturer for two quarters or less). SEND COMPLETED FORM TO DEAN'S OFFICE. The original will be returned to the unit when approval is obtained.

Department _____

Faculty Name _____

Title _____

Start & End Dates _____

Full-time Monthly Salary _____

% of FTE _____

Duties _____

Signature of Chair/Director _____

Date _____

Approval by Dean _____

Date _____

When approved by the Dean, this form must be forwarded to Academic Human Resources (with other paperwork as required). A copy should be retained for departmental files

Name of person to whom this form should be returned

Mail box number _____