|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** (Last, First, Middle Initial) | **EMPLOYEE ID:** | **DEPARTMENT:** | **DATE PREPARED:** |
|  |  |  |  |

*Form to be completed by home department or unit.*

**A current, up-to-date history record is required.**

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| **Title:** | Academic Administrator  Step       OR | Academic Coordinator , Step |

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| Annual Salary Rate: $ | | | | | Monthly Rate: $ | | | | | WOS |
| **Term of Appointment:** | Begin: | | | | End:      \* | | | | | |
| *\** The term of the renewal can be from 1-3 years, based on availability of funds; end date of renewal *cannot* surpass funding end date. | | | | | | | | | | |
| **Funding** (required for all, including WOS): | | | | | | | | | | |
| **FAU** | | | **Percentage** | | | | | | **Begin Date / End Date** | |
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| You will report to your immediate supervisor,      . | | | | | | | | | | |
|  | | | | | | | |  | | |
| The University requires that we inform you of the following: | | | | | | | |  | | |
| *“This appointment is for a specified term, with an ending date herein set forth, and is not for a longer period unless express* | | | | | | | | | | |
| *written notification is so given to the appointee. In the absence of such express notification, the appointment ipso facto* | | | | | | | | | | |
| *terminates on the specified ending date.”* | | | | | | | | | | |
|  | | | | | | | | | | |
| I certify that this appointment is for the term as specified above. | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | | |
| Employee Signature | | | | | | | Date | | | |

Additional Comments:

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|  |

*- Signature -*

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| **Department Contact Information:** |  | **Department Chair or Unit Head** | |
|  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name & Title |  | Signature | Date |
|  |  |  |  |
|  |  |  |  |
| Extension |  | Name & Title |  |

**Dean’s Office Use Only:**

|  |  |  |
| --- | --- | --- |
| Approved | Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Disapproved | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Dean’s Signature | Date |