|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

|  |  |  |
| --- | --- | --- |
| **Title:**  | **[ ]** Academic Administrator  Step       OR | [ ]  Academic Coordinator , Step       |

|  |  |  |
| --- | --- | --- |
| 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** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  |  |  |  |  |
| 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. |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |       |
| Employee Signature | Date |

Additional Comments:

|  |
| --- |
|       |

 *- Signature -*

|  |  |  |
| --- | --- | --- |
| **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 |