

SHORT-TERM FACULTY APPOINTMENT OR REAPPOINTMENT

Arts & Sciences, Autumn 2011

Use this form (or departmental form or chair's letter) to request appointment or reappointment of "short-term" faculty members. Titles are limited to these only:

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

Research Associate
Research Associate Trainee
Senior Fellow
Senior Fellow Trainee
Visiting Scientist

SEND COMPLETED FORM TO SUE BARNHART. Original will be returned to the unit when approved.

Department _____

Faculty name _____ Title _____

Start & end dates _____ Full-time monthly salary _____

Funding: Budget # _____ % of time _____ Position # _____

Budget # _____ % of time _____ Position # _____

Total % _____

Total salary _____

Duties _____

If instructional appt, was teaching evaluated? _____

Average of teaching ratings (from 1 to 5) _____

Comments _____

The department will provide any necessary space associated with this appointment.

Signature of Chair/Director _____ Date _____

Approval by Divisional Dean _____ Date _____

When approved by the Divisional 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 _____