# FACULTY APPOINTMENT INFORMATION

**COMPLETE THIS PORTION AND ATTACH A *COPY* TO CANDIDATE'S *CURRICULUM VITAE* FOR DEAN'S OFFICE**

NAME _____ DATE OF INTERVIEW _____

ADDRESS _____ NON-CITIZEN_____ STARTING DATE_____

CITY/STATE/ZIP_____ YEARS OF PRIOR FULL-TIME SERVICE: _____
(at St. Olaf or elsewhere)

SUGGESTED RANK _____ HOME DEPARTMENT_____

LEAVE REPLACEMENT FOR: _____

| TYPE OF APPOINTMENT: | **FULL TIME** (Course load-6) | **PART TIME** (Indicate FTE below) |
|---|---|---|
| | _____ Tenure track Full-time | _____ Tenure Track Part-time |
| | _____ Term (_____ years) | _____ Term (_____ years) |
| | _____ Terminal (1 year) | _____ Terminal (1 year) |

| TOTAL FTE BY TERMS: | Sem. I | Interim | Sem. II | **TOTAL FTE** |
|---|---|---|---|---|
| *Example:* | *.33* | *.17* | *.50* | *1.00* |
| PROJECTED FTE: | _____ | _____ | _____ | _____ |

**BREAKDOWN OF TOTAL FTE:**

*Example: FTE Type: Teaching Account No. 11181 Account Title First Year Writing FTE .33*
FTE Type includes: teaching, administrative, grant/research or organized activity

NOTE: FTE Breakdown must equal **Total FTE.**

FTE Type:_____ Account No._____ Account Title_____ FTE_____

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**APPROVED:** _____ _____
HOME DEPARTMENT CHAIR OTHER CHAIR(S) OR PROGRAM DIRECTOR(S)

**TO RECOMMEND AN APPOINTMENT COMPLETE THIS PORTION AND RETURN *ORIGINAL* TO THE DEAN'S OFFICE. *PLEASE MAKE SURE BOTH SECTIONS ARE COMPLETELY FILLED OUT*.**

RECOMMENDED SALARY: $_____MOVING EXPENSE ALLOWANCE:_____
* Standard Maximum Amount $2,000.00

SPECIAL CONSIDERATIONS/CONDITIONS: _____

_____

**APPROVED:** _____ _____
ASSOCIATE DEAN JAMES M. MAY, PROVOST & DEAN OF THE COLLEGE

cc: - Faculty file - Department Chair - Payroll 12/18/02

*For office use only*
Ltr __ Acc__ Lawson __