

APPOINTMENT FORM FOR PART-TIME PHYSICAL EDUCATION/ATHLETIC POSITIONS

Please fill out both sections of this form.

RETURN TO THE OFFICE OF DEAN OF THE COLLEGE.

POSITION TITLE: _____

REAPPOINTMENT _____ NEW APPOINTMENT _____ REPLACING: _____

Today's Date: _____ FACULTY MEMBER: yes / no STARTING DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____

To be completed by the Dean of the College Office

Applicant #: _____

Employee #: _____

FTE BY TERMS:	Semester I	Interim	Semester II	Total
(Example	.33	.17	.50	1.00)

PROJECTED FTE: _____ _____ _____ _____

TO RECOMMEND AN APPOINTMENT, COMPLETE THIS PORTION AND RETURN ORIGINAL TO THE DEAN'S OFFICE.

SPECIAL RECOMMENDATIONS: _____

WAGES TO BE CHARGED TO:

Accounting Unit	Accounting Unit Name	FTE Type	Account Number	Salary
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SALARY TO BE PAID DURING MONTHS OF: _____

MONTHS OF ACTUAL WORK: _____

Accounting Unit	Accounting Unit Name	FTE Type	Account Number	Salary
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SALARY TO BE PAID DURING MONTHS OF: _____

MONTHS OF ACTUAL WORK: _____

APPROVED:

1. _____

Athletic Director

2. _____

Provost & Dean of the College