

FACULTY CONTRACT RECOMMENDATION

Account Number
Department/School

Title	First Name	MI	Last Name	Date Prepared
Street Address		City	State	Zip
E-Mail Address		Social Security Number or ID Number		Area Code - Phone Number

Rank: _____

Title: _____

Degree: _____

Salary: _____

Term of Service:

AY 20 ___ / 20 ___ Regular Academic Year (9 months)

FY 20 ___ / 20 ___ Fiscal Year

Other _____

_____ Year(s) credit toward tenure eligibility for previous teaching experience

_____ Relocation allowance

_____ Date contract to be returned by

Contract Notations:

Comments:

Signature - Budgetary Head	Date	Signature - Dean (where applicable)	Date	Signature - Provost / Vice President	Date
Department		School/Division (where applicable)		Administrative Unit	
Approved — Vice President Finance & Operations		Approved — President		Date	