

FACULTY SHORT FORM

Use for Revisions to existing Appointments

Temporary Revisions Only (current AY)

FACULTY INFORMATION												
Name (Last, First):				Academic Year:								
PLU ID:				Department:								
Email:				Division/School:								
☐ Replace	ment for Nam	ie:										
Faculty Type: ☐ Tenure/TT ☐ Contingent (w/ben)												
PROPOSED REVISION INFORMATION												
Revision Action (mark all that apply): Change in FTE/Load			☐ Change in Salary	☐ Change in term of appointment	☐ LOA ☐ ☐ Resignat ☐ Other	Promotion ion						
☐ Change in Faculty Type				From: ☐ Tenure/TT ☐ Contingent (w/ben)		To: ☐ Tenure/TT ☐ Contingent (w/ben)						
Term of Appointment (Month/Year – Month/Year):				From:	From:		То:					
Title:												
		SALARY	INFORMATIO	ON (Provost Of	fice ONLY)							
Base Salary:	:			Position Number:								
Annual Sala	ry:			☐ Verified								
			FU	NDING								
%	Budgeted FTE	FUND		ORG	AC	COUNT	PROGRAM					
			ADDITIO	NAL NOTES								
Click here to	enter text.											
DEPARTMENT CONFIRMATION OF DATA By signing below, I confirm that the above accurately reflects the approved appointment action.												
Department Chair Date		Dean			Date							
Provost, Vice President for Academic Affairs Date												



Course Assignment Sheet

Academic Year	
Name	
Department/School	

TERM	CRN	SUBJECT	COURSE NAME	# of CREDITS	COURSE LOAD*	FTE*

Total: Credits LOAD FTE

*Standard Course Load and FTE Assignment:

- 4-credit course = 1.00 course load = 0.167FTE
- 3-credit course = 0.75 course load = 0.125FTE
- 2-credit course = 0.50 course load = 0.083FTE
- 1-credit course = 0.25 course load = 0.042FTE

If the course load and/or FTE assigned to any course listed above does not correspond to this standard, please explain below: