



CONTRACT RECOMMENDATION
for
NEW FACULTY
(Tenure/TenureTrack)

| |
|----------------|
| Academic Year: |
| College: |
| Department: |
| Position #: |

| | | | | |
|---|----------------------------------|----|--------------------------|---------------|
| Title | First Name | MI | Last Name | Date Prepared |
| Street Address | City | | State | Zip |
| E-Mail Address | PLU ID or Social Security Number | | Area Code - Phone Number | |
| Highest Degree | College/University | | Year Conferred | |
| <input type="checkbox"/> Terminal Degree for Discipline | | | | |

Recommended Rank/Title:
 Term of Service: Academic Year (9 months)
 Other:
 Replacement for:
 Visa assistance requested

| |
|--------------------------------------|
| Base Salary: \$ |
| Position #: |
| FTE: |
| Year(s) credit toward tenure: |
| Moving Allowance funds requested: \$ |
| Start-Up Funds requested: \$ |

Contract Notations/Comments:

 Department Chair (when applicable) Date College Dean Date

Approved by:

 Provost and Senior Vice President for Academic Affairs Date

For Provost Office and HR Use Only:

Position Number: _____ FTE: _____ Moving Allowance \$ _____ Start Up Funds: \$ _____

| % | FUND | ORG | ACCOUNT | Program | Annual Salary: |
|---|------|-----|---------|---------|----------------|
| | | | 6151 | | |
| | | | 6151 | | |

Prov: _____

