

Abbreviated Reappointment Form
Part-time: Academics, and Professionals

Form #7

Revised 3/09 YELLOW ORIGINAL

Check if Supersede

Employee: _____ Department: _____

Home Address: _____

Campus title: _____ Account #: _____ PSR Temp Service

Budget Title/Salary Level: _____

Semester/Obligation: Fall 2009 Spring 2010 Full Academic Year 2009 – 2010 Other: _____

Appointment Dates: _____ To _____

Salary: _____ Current plus applicable raise

(For academic departments salary will be at current course rate unless justification is attached.)

To Be Completed for Faculty Reappointments

Consecutive Semesters #: _____ Course Equivalent #: _____

Credit Hours Equivalent: _____ FTE: _____

Appointment Type: _____

Workload *(List course prefix and number)*: _____

(Signature – Department Head)

(Date)

(Signature – Next Level Supervisor)

(Date)

Vice President's Signature required below if teaching more than 3 courses/sem. and/or being paid above maximum.

(Signature – Vice President)

(Date)

(To be completed by Business Office)

Λ Annual Salary Rate \$ _____

Λ _____ Biweekly _____ Hourly (Temp Service only) \$ _____

Λ Total Actual Pay \$ _____

Λ Payroll Dates _____ to _____

Λ Academic Year Total \$ _____

Payroll Office Verification

By: _____ Date: _____

Human Resources Verification

By: _____ Date: _____ Line #: _____

Business Office Verification

By: _____ Date: _____