

**MESA STATE COLLEGE** Contract# \_\_\_\_\_  
**FACULTY/ADMINISTRATIVE APPOINTMENT RECOMMENDATION**

**Faculty**
 **Administrative**
 New
 Non-Temporary
 Overload  
 Returning (skip address below)
  Temporary

Submit form (completed above the "Approvals" section) to the appropriate Vice President, accompanied by resume, transcripts and other supporting documents.

Candidate's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (Dr., Mr., Ms., Miss, Mrs.)

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position and Title Recommended: \_\_\_\_\_ Position Number \_\_\_\_\_

Dates for Fiscal Contract: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_

Basis or Formula used to determine salary: \_\_\_\_\_

If temporary faculty, list classes to be taught: \_\_\_\_\_  
 (Include prefix and section number)

**BASE SALARY** \_\_\_\_\_ **BASE FTE** \_\_\_\_\_

Account No. to be charged \_\_\_\_\_ FTE: \_\_\_\_\_ Salary \_\_\_\_\_

Account No. to be charged \_\_\_\_\_ FTE: \_\_\_\_\_ Salary \_\_\_\_\_

Account No. to be charged \_\_\_\_\_ FTE: \_\_\_\_\_ Salary \_\_\_\_\_

To be paid in \_\_\_\_\_ installments the months of \_\_\_\_\_

Special Conditions, if any: \_\_\_\_\_  
 \_\_\_\_\_

(Unless otherwise specified in "special conditions," full benefits for employees with an FTE of .5 -1.00 are to be included).

Recommended by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**APPROVALS OF THE ABOVE RECOMMENDATION:**

\_\_\_\_\_  
 Appropriate Vice President Date \_\_\_\_\_

\_\_\_\_\_  
 Budget Director Date \_\_\_\_\_

\_\_\_\_\_  
 Director of Human Resources Date \_\_\_\_\_

\_\_\_\_\_  
 President