

**COLORADO MESA UNIVERSITY**      Contract# \_\_\_\_\_  
**ADMINISTRATIVE APPOINTMENT RECOMMENDATION**

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

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\_\_\_\_\_  
Last Name                                      First Name                                      700#

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

Dates for Fiscal Contract: \_\_\_\_\_

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

**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 .75 -1.00 are to be included).

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

APPROVALS OF THE ABOVE RECOMMENDATION:

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