COLORADO MESA UNIVERSITY Contract# _____

FACULTY/ADMINISTRATIVE APPOINTMENT RECOMMENDATION

☐ **Faculty**
- ☐ New
- ☐ Returning (skip address below)

☐ **Administrative**
- ☐ Non-Temporary
- ☐ Temporary

☐ Overload

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