

**ADMINISTRATIVE APPOINTMENT RECOMMENDATION**

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_