

SOUTHERN UTAH UNIVERSITY
Recommendation for New Faculty Appointment

Position Title _____

Department _____

Appointment Type (check all that apply): New One-year Appointment

Replacement Name of Person Replaced: _____

Sabbatical Replacement Name of Person on Sabbatical _____

Attach the position description to this form.

Name:		SSN:
Current Address:		Date of Birth:
Home Phone:	Business Phone:	Fax:
Budgeted Nine-month Base Salary:	Recommended Salary:	E-mail:
College/School:	Department:	Proposed Rank: *
*Note: Appointments to the ranks of Assistant Professor/Associate Professor/Professor in the tenure track, require the appropriate terminal degree in the discipline the faculty member will be teaching.		
Tenure status of the appointment: Tenured ____ Tenure-track/without tenure ____ Non-Tenure ____		
Preparation Required for Tenure:		
Credit Toward Tenure Recommended Yes: ____ No: ____		No. of Years: _____
Credit Toward Rank Recommended: Yes: ____ No: ____		No. of Years: _____
<i>If credit toward Tenure and/or Rank Advancement is recommended, provide justification here (attach additional pages if necessary):</i>		
Authorized to work, if not a U.S. citizen: Yes: ____	Official academic transcripts received: Yes: ____ No: ____	
	Reviewed by the Search Committee: Yes: ____ No: ____	
Beginning date of appointment: _____		Ending date of initial appointment: _____
Other Condition or Institutional Commitments for Appointment (e.g., moving expenses, equipment, special training, etc.):		

EDUCATION: (include degree in progress)			
Degree	Date	Major Field(s)	Institution

EXPERIENCE: (Last position first) List may be supplemented with resume.			
Employer	Position, Rank, Discipline	Dates: From/To	Full-time or Part-time

Budget: Account Number(s) and/or proportions:
 Account No. _____ Amount or % _____
 Account No. _____ Amount or % _____
 Account No. _____ Amount or % _____

Other Comments or Justification: (Summary of comments from references or search committee members)

APPROVALS:	
Signed: Search Committee Chair:	Date:
<small>Required if time credited toward Tenure and/or Rank Advancement</small>	
Approval: Department LRT Chair:	Date:
Approval: Department Chair:	Date:
<small>Required if time credited toward Tenure and/or Rank Advancement</small>	
Approval: College LRT Chair:	Date:
Approval: Dean:	Date:
Coordination: Budget Office:	Date:
Approval: Provost:	Date:
Approval: President:	Date:
Date Submitted to the Board of Trustees:	