



COVER SHEET FOR ASSISTANT PROFESSOR I, II AND III APPOINTMENTS

Dates for Routing:

Received/Sent
Dept. _____/_____

Dean _____/_____

To Be Completed By the Dean:

Concur with Dept Recommendation
DEAN'S APPROVAL: _____

Letter Attached (Optional)

NAME _____

DEPARTMENT _____ COLLEGE/SCHOOL/DIVISION _____

Highest Degree _____ Date Received _____

Name of University _____

Major Subject or Field _____

Years Towards the 8 Year Rule (for Assistant Professors) _____

APPOINTMENT STATUS

Step: _____

Salary : _____ (*total salary approved*)

Basis: Academic Yr. ____ /Fiscal Yr. ____ (Check One) Percentage of Appointment: IR __ % OR __ % CE __ %

Off-scale: _____ (*amount of off-scale approved*)

Effective Date of Appointment _____

Research Specialization _____