

COVER SHEET FOR APPOINTMENTS: DEAN'S FINAL DECISION AUTHORITY

Dates for Routing:			To Be Completed By the Dean:
Dept. Dean	Received	Sent	Concur with Dept. Recommendation DEAN'S APPROVAL: Letter Attached (Optional) DATE:
Name:			
Highest Deg	ree:	Date Received:	Estimated Completion Date: (for Acting appointments only)
UNIVERSITY			
Name of University:			
Major Subject or Field:			
Years Toward the 8 Year Rule:			
APPOINTMENT STATUS			
Rank & Step:			
Salary: (total salary approved)			
Pay Basis: (check one) Academic Yr. Fiscal Yr.			
Percentage of Appointment: IR% OR% CE%			
Off-Scale Recommendation: (amount of off-scale Recommended)			
Effective Date of Appointment:			
Research Sp	ecialization:		