

COVER SHEET FOR APPOINTMENTS: DEAN'S FINAL DECISION AUTHORITY

Dates for Routing:			To Be Completed By the Dean:		
Dept. Dean	eceived Se	nt	Concur with Dept. Recommendation DEAN'S APPROVAL: Letter Attached (Optional)		
			DATE:		
Name:					
Department:					
College/School/D	Division:				
Highest Degree:		Date Received:	Estimated Completion Date: (for Acting appointments only)		
UNIVERSITY					
Name of University	ity:				
Major Subject or Field:					
Years Toward the 8 Year Rule:					
APPOINTMENT STATUS					
Rank & Step:					
Salary: (total salary approved)					
Pay Basis: (check of	one) Academic	Yr. Fiscal Yr.			
Percentage of Ap	pointment:	IR% OR _	% CE%		
Off-Scale Recommendation: (amount of off-scale Recommended)					
Effective Date of	Appointment: _				
Research Speciali	ization:				