

## 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)	
2 0000			DATE:	
Name:				
Highest Degi	ree:	Date Received:	Estimated Completion Date: (for Acting appointments only)	
UNIVERSIT	ΓΥ			
Name of Uni	versity:			
Years Toward the 8 Year Rule:				
APPOINTM	IENT STATUS			
Rank & Step	:			
Salary: (total salary approved)				
Pay Basis: (cl	heck one) Acaden	nic Yr.		
Percentage o	f Appointment:	IR% OR	% CE%	
Off-Scale Re	Off-Scale Recommendation: (amount of off-scale Recommended)			
Effective Dat	te of Appointment:			
Research Spe	ecialization:			