**COVER SHEET FOR APPOINTMENTS: DEAN’S FINAL DECISION AUTHORITY**

<table>
<thead>
<tr>
<th>Dates for Routing:</th>
<th>To Be Completed By the Dean:</th>
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<tbody>
<tr>
<td></td>
<td>Received</td>
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<td>Dept.</td>
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- Concur with Dept. Recommendation
- DEAN’S APPROVAL: ______________________
- Letter Attached (Optional)
- DATE: _____

Name: ______________________________________

Department: __________________________________

College/School/Division: ________________________

Highest Degree: __________  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 Specialization: ________________________

Last Revision Date: July 1, 2023