

**Faculty Position Form**

Date: \_\_\_\_\_

Request Type:  New  Replacement  Change. *If change or replacement, provide the individual's name below:*

Name: \_\_\_\_\_  
LAST FIRST MIDDLE DEGREE

Dept.: \_\_\_\_\_ Program/Division: \_\_\_\_\_ Campus:  SP  BW  PI  NK

CITIZENSHIP (Check One):  US Citizen  Perm. Res. Alien  Non-Res. - Alien; Visa Type \_\_\_\_\_

Out of cycle increase \_\_\_\_\_% increase

**If new, complete all sections; if change, complete sections that apply:**

Cashier Code:  MT  GG  HB Distant Faculty:  yes  no Z-org: \_\_\_\_\_

Full-time  Part-time - % FTE \_\_\_\_\_  Per-Diem  Volunteer (unpaid)

Academic Rank/Title:  Open Rank or check below

Lecturer  Instructor  Assistant Professor

Associate Professor  Professor

If Per Diem or <50% FTE:  Adjunct or  Clinical

Administrative Appointment Title (if applicable):

Of: \_\_\_\_\_

Track if 50% or more FTE:  Non-Tenure -  Teaching  Clinical  Professional Practice  Tenure-Track  Tenure

**\*\*Note: Lecturer and Instructor positions do not have tracks\*\***

Coterminous?  No  Yes with \_\_\_\_\_ and with \_\_\_\_\_

Search Committee Chair: \_\_\_\_\_

Search Committee Members: \_\_\_\_\_

**BUDGET INFORMATION**

Proposed Salary Components:

	Unit	Division	Org.	Location	Fund Type	Project #	Bus. Line	Percent	Amount	Budget Approval
Academic Base										
Patient Services										
Faculty Practice										

**APPROVALS:**

DEPARTMENT CHAIR: \_\_\_\_\_

FAPA-PROCESSOR: \_\_\_\_\_

DEAN: \_\_\_\_\_

ROCS POSTING # (IF APPLICABLE) \_\_\_\_\_