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| --- | --- | --- | --- | --- |
| Appointment Details: Attach CV of preferred candidate, if applicable | | | | |
| Candidate Name (if applicable): |  | | Anticipated Start Date: |  |
| Requesting Dept: |  | | | |
| Name of Requesting Faculty/Lab: |  | | | |
| Anticipated duration (term limited appointments only): |  | | Requested Position Rank: |  |
| Percent of effort and anticipated FTE salary |  | | | |
| Source(s) of funding (sponsored research, 3 years): |  | | | |
| Source of funding (non -sponsored research, GF or gift): |  | | | |
|  | | | | |
| Description of the Appointment and why it is needed | | | | |
|  | | | | |
| Signatures | | | | |
| Requesting Faculty or Lab Director Signature | | Date | | |
|  | | | | |
| Department Chair Signature | | Date | | |
|  | | | | |
| Associate Dean for Academic Affairs | | Date | | |
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