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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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