

# FAYETTEVILLE STATE UNIVERSITY

## Recommendation for Employment of Faculty

Authorizing Signatures	Printed Name and Signature		
Originator of Request			
Department Chair or Unit Head			
Dean			
Contract Administrator			
Provost & Vice Chancellor for Academic Affairs			
<b>Name of Applicant</b>			
All Earned Degrees			
Discipline			
Rank or Title			
Additional Responsibilities			
College, School or Unit	<input type="checkbox"/> College Arts and Sciences <input type="checkbox"/> Ft. Bragg Center <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Academic Affairs <input type="checkbox"/> School of Business and Economics <input type="checkbox"/> Extended Learning <input type="checkbox"/> School of Education		
Department			
Recommended Salary	\$		
Contract Period	Beg. Date:	End. Date:	
Conditions of Contract	<input type="checkbox"/> Tenure-Track <input type="checkbox"/> Fixed-Term → <input type="checkbox"/> 1 year only <input type="checkbox"/> 1 semester PT <input type="checkbox"/> 1 semester FT-Full load		
Number of Months of Service			
Number of Credit Hours			
Source of Funds/Budget Code	State:	Federal:	Other:
Position Number			
Name of Person Last Assigned to Position			
Attachments - originals only (check all that apply)	<input type="checkbox"/> Credentials already on file <input type="checkbox"/> Masters transcript <input type="checkbox"/> Doctorate transcript <input type="checkbox"/> Three letters of recommendation <input type="checkbox"/> Undergraduate transcript <input type="checkbox"/> Current vita <input type="checkbox"/> <a href="#">FSU EPA Application</a> <input type="checkbox"/> <a href="#">Faculty Credential Review Form</a> <input type="checkbox"/> Documentation that <b>three references (one must be of current/last supervisor)</b> have been personally contacted to confirm veracity of application material (Attachment A of <a href="#">Employment Background Check Policy</a> )		
Background Check Release Form (Hiring Manager/Chair must ensure timely submission)	Attachment B & C of the <a href="#">Employment Background Check Policy</a> submitted to Legal Affairs on _____ (Month/Date/Year faxed)		
Total # of hours in course load, including this request			
Course number and section of courses requested to teach	Course 1:	Day(s) & Time:	
	Course 2:	Day(s) & Time:	
	Course 3:	Day(s) & Time:	
	Course 4:	Day(s) & Time:	
	Course 5:	Day(s) & Time:	
	Course 6:	Day(s) & Time:	
Semester/Term (indicate 2-digit year or term)	Fall _____ Spring _____ 8-week Term _____ Ft Bragg Term _____ Extd Lrng _____ Summer I _____ Summer II _____ OCD _____		
<b>IS THIS AN EXTRA DUTY REQUEST?</b> <input type="checkbox"/> yes (if yes, signatures required below) <input type="checkbox"/> no			
Signatures certifying approval of extra duty	Chair:	Dean:	Provost:
<b>FOR OFFICIAL USE ONLY</b>			
Budget:	Grants:	Contract Adm.:	Visa Clearance: