

Faculty Candidate Summary

Candidate Name: _____ Date: _____

Position #:	New Line ()	Replacement ()	Structural Reclass ()
Funding Source			
Needed \$ Amount			
Available \$ Amount			
Position:			Start Date:
Position#:	Range & Step:		Salary (\$):
School:		Program:	
Education		Experience	

Approval for Initial Appointment

Supervisor's Comments:

Supervisor's Signature & Date: _____

Provost's Comments:

Provost's Signature & Date: _____

Human Resources' Signature & Date	Affirm. Action Officer's Signature & Date

President's Recommendation/Decision

President's Comments:

- Recommended to Board of Trustees for Approval
 Not Recommended to the Board of Trustees for Approval

President's Signature & Date: _____