**RECOMMENDATION FOR APPOINTMENT LIN#**

*(Used for Faculty and Administrative Officers)* *(Provost Office Use)*

 Term of Initial Contract:

 *(Include start date and end date)*

▢ Dr.

**First Name:**

**Last Name:**

**Home Address:**

**Email Address** (in order to send official offer letter)**:**

|  |  |
| --- | --- |
| Search Number |  |
| Position (Title) |       |
| Department |       |
| Budget Account Number(s) |       |
| Position Number(s) |       |
| % Effort on Budget Accounts |       |
| Salary |       |
|  | Account Executive Signature Date |
|  | Counter Signature Date |

|  |
| --- |
| Remarks:      |
| Approved By:Vice President/Provost Date | Budget Approval:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial Date |

6.1.2025