**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