Print Form

INDIANA STATE UNIVERSITY

Regular Faculty and Full-Time Lecturer Appointment Authorization*

☐ **NEW HIRE** **NOTICE OF VACANCY (NOV)#** _____

☐ **REAPPOINTMENT** ☐ **REHIRE**

*See Guidelines for Regular Faculty Authorization

☐ **Tenure** OR

☐ **Tenure Track**

OR ☐ **Instructor** (Multi Year Appointment) (Class Schedule Below)

OR ☐ **Full-Time Lecturer** (1 Year Appointment)

Length of Appointment:

☐ One Year ☐ Two Year ☐ Three Year

Effective Date of Employment:

☐ Aug. 1, 20 ___ Or ☐ Other _____

ISU ID/SSN _____

LAST NAME _____

FIRST NAME _____ MI ___

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DEPARTMENT _____ PAY INDEX _____ ORG CODE _____

SALARY _____ ☐ Academic Year Or ☐ Fiscal Year CIP CODE _____

Title: ☐ Instructor Or ☐ Full-Time Lecturer Or ☐ Asst Professor/Asst Librarian Or ☐ Assoc Professor/Assoc Librarian

Or ☐ Professor/Librarian

FTE will autofill

Fall FTE 0 Spring FTE 0

IF REGULAR FACULTY, PLEASE INDICATE YEARS OR CREDIT TOWARD TENURE _____

HIGHEST DEGREE EARNED _____ DATE EARNED _____

TRANSCRIPTS _____ INSTITUTION _____

Class/Assignment Schedule (Instructor/FT Lecturer ONLY): Course Title/Other Assignment (Fall Semester)	Credit Hours	**Class/Assignment Schedule (Instructor/FT Lecturer ONLY):** Course Title/Other Assignment (Spring Semester)	Credit Hours
Fall Semester Totals:		Spring Semester Totals:	

I APPROVE THE APPOINTMENT OF THE ABOVE INDIVIDUAL AND VERIFY THAT ALL THE DATA IS CORRECT.

Department Chairperson Signature Date

Grant & Contracts Signature (when applicable) Date

Dean or Other Administrator Signature Date

Provost/Academic Affairs Signature Date

COMMENTS

HR Form - HR 304

"APPROVED BY STATE BOARD OF ACCOUNTS, 2014"