



# 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  **Instructor** (Multi Year Appointment)  
 (Class Schedule Below)  
 **Tenure Track** OR  **Full-Time Lecturer** (1 Year Appointment)

Length of Appointment:  
 One Year  Two Year  Three Year

University ID/SSN \_\_\_\_\_  
 LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

Effective Date of Employment:  
 Aug. 1, 20\_\_\_\_ Or  Other \_\_\_\_\_

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  
**FTE will autofill**  
 Fall FTE 0 Spring FTE 0 Or  Professor/Librarian

IF REGULAR FACULTY, PLEASE INDICATE YEARS OR CREDIT TOWARD TENURE \_\_\_\_\_  
 HIGHEST DEGREE EARNED \_\_\_\_\_ DATE EARNED \_\_\_\_\_  
 TRANSCRIPTS \_\_\_\_\_ INSTITUTION \_\_\_\_\_

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