



The University of Toledo/Health Science Campus

# SALARIED FACULTY

Appointment or Change of Status Form

Action: \_\_\_\_\_

Action Effective Date: \_\_\_\_\_

With Medical Staff Privileges

Without Medical Staff Privileges

APT Recommendation if Applicable

Name: \_\_\_\_\_ Rocket ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First Middle Degree*

## CURRENT PROPOSED

Primary Department:	_____	_____
Academic Rank:	_____	_____
Tenure Status:	_____	_____
Academic Salary:	_____	_____
	<i>Per Annum</i>	<i>Per Annum</i>
Academic Track:	_____	_____
Administrative Title:	_____	_____
Administrative Salary:	_____	_____
Employee Class:	_____	_____
FTE:	_____	_____
Reports To:	_____	_____

### SALARY SOURCES

	<u>Index No.</u>	<u>Account No.</u>	<u>Amount</u>	<u>Index No.</u>	<u>Account No.</u>	<u>Amount</u>
PCN: _____	(a) _____	(a) _____	_____	(a) _____	(a) _____	_____
<i>Current</i>	(b) _____	(b) _____	_____	(b) _____	(b) _____	_____
_____	(c) _____	(c) _____	_____	(c) _____	(c) _____	_____
<i>Proposed</i>	(d) _____	(d) _____	_____	(d) _____	(d) _____	_____
	(e) _____	(e) _____	_____	(e) _____	(e) _____	_____
	(f) _____	(f) _____	_____	(f) _____	(f) _____	_____
	(g) _____	(g) _____	_____	(g) _____	(g) _____	_____
	<b>TOTAL:</b> _____			<b>TOTAL:</b> _____		

Joint Appointment(s): \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Joint Appointment(s): \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Contract Length: \_\_\_\_\_ If other, From: \_\_\_\_\_ To: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Grants Accounting: \_\_\_\_\_ Budget Office: \_\_\_\_\_

### AUTHORIZATIONS

President \_\_\_\_\_

Chairperson (Primary Dept.) \_\_\_\_\_ Finance \_\_\_\_\_

Chairperson (Joint Dept.) \_\_\_\_\_ Appointing Authority \_\_\_\_\_

Dean of Respective College \_\_\_\_\_ Board of Trustees Approval Date \_\_\_\_\_

Send completed form with supporting material to the Office of Faculty Affairs