



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: _____
Last First Middle Degree

Rocket ID: _____ Phone: _____

CURRENT PROPOSED

Primary Department: _____

Academic Rank: _____

Tenure Status: _____

Academic Salary: _____
Per Annum

_____ *Per Annum*

Academic Track: _____

Administrative Title: _____

Administrative Salary: _____

Employee Class:

FTE:

SALARY SOURCES

Index No. Account No. Amount

Index No. Account No. Amount

PCN: _____
Current

- (a) _____ (a) _____ _____
- (b) _____ (b) _____ _____
- (c) _____ (c) _____ _____
- (d) _____ (d) _____ _____
- (e) _____ (e) _____ _____
- (f) _____ (f) _____ _____
- (g) _____ (g) _____ _____

- (a) _____ (a) _____ _____
- (b) _____ (b) _____ _____
- (c) _____ (c) _____ _____
- (d) _____ (d) _____ _____
- (e) _____ (e) _____ _____
- (f) _____ (f) _____ _____
- (g) _____ (g) _____ _____

_____ *Proposed*

TOTAL: _____

TOTAL: _____

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