GSD Request for Non-Faculty Academic Appointment

Section I: To be Completed	by Sponsoring F	aculty Member	New Appointmen	t Extension	
Employee Name:		Title	::		
Degree & Year	GSD De	egree? <u>E-mail</u>	:		
Project Name (if applicable):			Department:		
Faculty PI/Supervisor:					
DETAILED Description of Dut	i es : (attach separ	ate page if necessary)			
Appointment Start Date:		Appointme	ent End Date:		
Academic appointments are made of the month, which may be prior concluded.	-	=		= =	
Total Salary to be paid over t	he term of the a	ppointment:	#	of Months:	
Monthly Salary:		(divide Total Salary by #	of months, to be paid	on the last day of each month)	
Full-Time or Part-Time: <u>Estimo</u>			imated Hours per Week:		
Please note: Academic appoints may set expectations with regard expectations for the work to be co	to schedule (eg 9:0	00-5:00, M-F). Actual ho	urs worked may vary.	-	
Will Benefits be offered?	YES NO) (if at least half-time, an	nd appointment is for ove	er a year, Benefits should be offered	
Will a visa be required?					
Will this position be funded by	y grants or othe	er outside source(s)?	O YES	○ NO	
Please list the specific fundin	g source(s):				
			_		
Hiring Faculty Signature:			Date:		
Section II: To be Completed	by Faculty Affa	irs/Finance Office			
Time Status (FTE):		Annualized S	alary =		
Account Coding 1:				% allocation:	
Account Coding 2:				% allocation:	
Academic Appointments Sigr	ature <u>:</u>		D	ate:	
Finance Officer Signature:			D	ate:	
Faculty Affairs Dean's Signature:					