

New Full-Time Faculty Request Form

Name of Faculty Member:		Teaches (UG/G/both):	
School:		Discipline:	
Start Date (or semester):		Tenure Track: (Y/N)	
Rank:		Credit toward tenure:	
Includes clinical supervision?		Salary:	

Contact Information:

Email: _____
 Phone _____
 (specify type, if known): _____
 Address: _____
 City, State Zip: _____

Transcript Information:

Inclusion of information below indicates that the Dean/designee has verified official transcripts for the degree indicated.

Institution: _____
 Degree: _____
 Major/Program 1: _____
 Major/Program 2: _____
 Graduation Year: _____
 Highest degree? _____
 Transcript on file: Official Unofficial Other: _____

Dean's Signature

Date

HR Use:

Date

Background Screening Complete
 Paycor Invitation
 Instruction email sent (CC: School, HR)
 Onboarding Complete
 ID Created:
 Rank Added
 Notify Registrar, School, HR
 Email Address Requested