Date

TO: Provost

FROM: Dean or Director

RE: Approval to Appoint Full-Time Faculty

I am requesting approval to appoint (prospective faculty member’s name) to a (full-time, tenure track, one-year term, etc.) appointment with a (bipartite/tripartite) workload assignment at the rank of (instructor/assistant/associate/professor) of (discipline, i.e., art, history, accounting, nursing, etc.) in the School/College of ___________ at (extended college campus) at a (nine, ten, eleven, or twelve)–month salary of _________. This is a replacement for ______________ who has (resigned, retired, RIPPED, gone on sabbatical, etc.). The appointment will be effective (date). We currently have the necessary PCN (include the number) and budget to cover the salary.

(Follow with paragraph summarizing the appointee’s attributes and how he/she can contribute to the development of the program, including any particular expertise in teaching and/or research, specific special considerations or conditions applicable to the appointment of this applicant, and anything else which should be brought to the attention of the Provost).