

## Form 400: Recommendation for Faculty Unit Appointment Tenure-Line

(To be completed by the Office of the Dean/Director once Letter of Offer has been accepted by candidate)

HSU ID #:  Last Name:  First Name:

E-mail:  Effective Date of Appointment:

Job Code:  CMS Position #:  Department:  CMS Dept #:

Rank:   AY  10 Month  12 Month

CMS Chartfield:        
Account Fund Dept Program Class Project

Terminal Degree/License Required for Position: (Y/N)  Received: (Y/N)  If No, Date Required By:

Highest Degree Earned:  Date:  Institution:  Major:

Prior Higher Ed Employer:  City, State:

*Start-Up Package Details: (Should match the appointment letter)*

Salary: \$  Years of Service Credit Granted: (0-2)  Moving Expenses: \$

Release Time - Specify # WTUs, term(s):  Computer Workstation: (Y/N)

Other:

Approved by: \_\_\_\_\_  
College Dean/University Library Dean/Director of CAPS \_\_\_\_\_ Date \_\_\_\_\_

Compliance Review by: \_\_\_\_\_  
Academic Personnel Services \_\_\_\_\_ Date \_\_\_\_\_

<b>APS USE ONLY:</b>  Probationary Ending Date: _____  Sabbatical Leave Eligibility Date: _____	<b>IAT ENTRY:</b>	<b>RECEIVED IN APS:</b>	<b>NFO DATES:</b> (Paid at 12-Month Rate)
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