

YSU FACULTY APPOINTMENT RECOMMENDATION

(a) Recommendations to appoint new faculty are advanced on this form by the Department Chairperson to the Dean, then to the Provost.
 (b) At the same time, *Affirmative Action Appointment Recommendation Form* is to be forwarded to the Director of Equal Opportunity and Diversity.

POSITION NUMBER:	CONTROL NUMBER:								
DEPARTMENT:	COLLEGE:								
1. CANDIDATE'S NAME AND ADDRESS: <i>(Employment contract will be mailed to this address; current address required.)</i>	12: DOCUMENTS ATTACHED*: <input type="checkbox"/> a) YSU Faculty Employment Application; <input type="checkbox"/> b) Release for Background Information; <input type="checkbox"/> c) Official transcript showing highest earned degree; <input type="checkbox"/> d) vita; <input type="checkbox"/> e) Three (3) written letters of reference and two (2) verbal reference checks beyond the references supplied by the candidate and other evidence of reference review; <input type="checkbox"/> f) Position announcement; <input type="checkbox"/> g) <i>Recommendation for Relocation Allowance(if applicable);</i> <input type="checkbox"/> h) Copy of <u>Approved</u> Vacant Faculty Position Requisition. <p style="text-align: center;">*NOTE: Employment contract will <u>not</u> be issued without submission of items a — e above.</p>								
2. CANDIDATE'S EARNED DEGREES: <i>(Specify degrees and institutions conferring degrees.)</i>									
3. AUTHORIZED: RECOMMENDED: Rank: _____ 9-mo. Salary Base: _____									
4. EFFECTIVE DATE RECOMMENDED: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	13. NOTE: If any conditions (such as completion of degree, attainment of certification) must be met by the candidate prior to the effective date of this appointment — or — if any conditions must be met before renewal of this appointment will be recommended or before tenure will be recommended, please specify those conditions with a written rationale on an attached sheet. I have reviewed the employment history, three (3) letters of reference and conducted two (2) verbal reference checks beyond the references supplied by the candidate. _____ (<i>Chairperson's Signature</i>) (Date)								
5. TYPE OF APPOINTMENT: <input type="checkbox"/> Regular <input type="checkbox"/> Term	14. <input type="checkbox"/> Consultation with Provost if candidate has background issues that may be of concern to the University. Date of Consultation: _____ <input type="checkbox"/> RECOMMENDED (Advance to Provost) <input type="checkbox"/> NOT RECOMMENDED (Return to Chairperson) _____ (<i>Dean's Signature</i>) (Date)								
6. CROSS APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES," between which departments — and — percentages:</i> _____ and _____	15. FUNDING VERIFICATION BY PROVOST'S OFFICE: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">FUND</th> <th style="padding: 2px;">ORG</th> <th style="padding: 2px;">ACCT</th> <th style="padding: 2px;">PROG</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">111000</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">11</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">POSITION NUMBER:</div>	FUND	ORG	ACCT	PROG	111000			11
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7. CANDIDATE'S CITIZENSHIP: <input type="checkbox"/> U.S. <input type="checkbox"/> Other (<i>Specify</i>) _____	16. <input type="checkbox"/> APPROVED (Forward to Executive Director of Human Resources for contract preparation) <input type="checkbox"/> DISAPPROVED (Return to Dean) _____ (<i>Provost's Signature</i>) (Date)								
8. APPOINTMENT CONTINGENCIES: <input type="checkbox"/> YES (<i>See Item 13</i>) <input type="checkbox"/> Written Rationale Attached <input type="checkbox"/> NO									
9. REAPPOINTMENT CONTINGENCIES: <input type="checkbox"/> YES (<i>See Item 13</i>) <input type="checkbox"/> Written Rationale Attached <input type="checkbox"/> NO									
10. TENURE CONTINGENCIES: <input type="checkbox"/> YES (<i>See Item 13</i>) <input type="checkbox"/> Written Rationale Attached <input type="checkbox"/> NO									
11. RELOCATION ALLOWANCE RECOMMENDED: <input type="checkbox"/> YES (<i>Attach Form HR-6</i>) <input type="checkbox"/> NO									