

**NOTICE OF APPOINTMENT RECOMMENDATION FOR
FACULTY, ADMINISTRATORS & PROFESSIONALS**

EMPLOYEE INFORMATION (Use only if half-time or greater and employment period of at least six months)			
NAME:		Empl ID/SS#:	DOB:
HOME ADDRESS:			Degree:
DEPT:			NAU Box:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY CODE:	1 - White, 2 - Black, 3 - Hispanic, 4 - Asian/Pac Isl, 5 - Am Ind/Alaskan Tribe:	

APPOINTMENT INFORMATION			
Appointment Type: <input type="checkbox"/> Transfer <input type="checkbox"/> New Hire <input type="checkbox"/> Promotion <input type="checkbox"/> Reappointment			
Faculty: <input type="checkbox"/> With Tenure <input type="checkbox"/> Tenure Track <input type="checkbox"/> Non-Tenure Track		Administrator: <input type="checkbox"/> Administrator w/o Academic Rank	
Administrative Faculty: <input type="checkbox"/> Administrative Appointment with Rank <input type="checkbox"/> With Tenure - Academic Rank (Tenured Administrators)		Service Professional: <input type="checkbox"/> Year-to-Year	
Academic Professional Appointment: <input type="checkbox"/> Continuing <input type="checkbox"/> Probationary <input type="checkbox"/> Year to Year		Additional Information:	

POSITION INFORMATION			
Position Title:		Job Vacancy #:	
Discipline/Dept. Description:		Position is Safety/Security Sensitive: <input type="checkbox"/> Yes <input type="checkbox"/> No See NAU Policy # 1.085	
Salary: <input type="checkbox"/> Per Acad. Yr <input type="checkbox"/> Per Fiscal Yr <input type="checkbox"/> For Above Period	Start Date: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	End Date: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time FTE _____ /40	
Position #:	<input type="checkbox"/> New Position <input type="checkbox"/> Replacing:	Area Org:	FTE

SPECIAL CONDITIONS		
<input type="checkbox"/> Moving allowance requested Not to exceed \$ _____	<input type="checkbox"/> Academic Year Salary \$ _____	<input type="checkbox"/> Prior Credit Toward Tenure Number of Years: _____
Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		
Other Conditions:		

REQUIRED SIGNATURES				
_____	_____	_____	_____	_____
Department Chair/Head	Print Name	Box	Phone	Date
_____	_____	_____	_____	_____
Dean/Director	Print Name	Box	Phone	Date
_____	_____	_____	_____	_____
VP/Provost/President	Print Name	Box	Phone	Date
_____	_____	_____	_____	_____
Human Resources	Print Name	Box	Phone	Date
_____	_____	_____	_____	_____
Budget Office	Print Name	Box	Phone	Date

Position #		Job Code		Dept Code		PS Entry Initials	
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