

REQUEST FOR CAS LEO FACULTY APPOINTMENT

(Return completed forms to CAS Dean's Office)

From: _____ Department
 _____ Department Chair

Courses to be taught: Fall _____ Year Winter _____ Year Spring _____ Year Summer _____ Year

Name: ___ Mr. ___ Ms. ___ Mrs. ___ Dr. _____

Street: _____

City: _____ , MI Zip _____

Phone: _____ SS# _____

Employed outside of University? Yes No

Otherwise employed by University of Michigan? No Yes Department _____

Highest degree earned: ___ Bachelor's ___ Master's ___ Ph.D
 Discipline _____

___ New Appointment ⇔ Current vita attached? ___

Reappointment Last semester taught _____
 (Term and Year)

___ Graduate Student Assistant *(Requires GSA calculation form)*

<u>Course No. & Section No.</u>	<u>Time, Days and room number</u>	<u>Credit or Contact Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:		_____

For use by Dean's office:

Term dates: _____

Annual base salary: \$ _____ Term salary amt: \$ _____

Short code: _____ App't. % _____ Appt. rate: (actual) \$ _____

Dept ID: _____ Monthly payment amount: \$ _____