

**SAMFORD UNIVERSITY
FACULTY EMPLOYMENT FORM**

☐ Full-time, 9 Month

☐ Full-time, 12 Month

☐ Part-time

☐ Teaching Faculty

☐ Administrative Faculty

☐ Library Faculty

☐ Other _____

When employing individuals on a part-time, adjunct or temporary basis, it may also be necessary to complete a *Letter of Agreement* or the *Supplemental or Part-Time Pay Request Form* to show how to pay their designated salary.

Name of New Hire: _____

Title: _____ Date to Report for Work: _____

School: _____ Department: _____

Rank: _____ # years credit toward promotion: _____

Tenure track: _____ # years credit toward tenure: _____ Non-tenure track: _____

Annual Salary: _____ Rate of Pay (Hourly): _____ OR Monthly: _____

This employee is replacing: _____ Position Control #: _____

BANNER

FOAPAL: Index: _____ Fund: _____ Org.: _____ Acct.: _____ Prog.: _____

Campus Address (Bldg. & Room #): _____ Campus Phone #: _____

☐ References have been checked/received by hiring school and deemed satisfactory

☐ Official employment history has been verified by hiring school

Complete this section if a stipend is part of the full-time appointment:

Stipend Job Title: _____

Stipend Annual Salary: _____ Annual Salary (faculty salary plus stipend): _____

STIPEND

FOAPAL: Index: _____ Fund: _____ Org.: _____ Acct.: _____ Prog.: _____

APPROVAL: (Please route in the following order)

Department Head/Chair: _____ Date: _____

Dean (if applicable): _____ Date: _____

Provost/EVP: _____ Date: _____

President (if applicable): _____ Date: _____

Budget Office: _____ Date: _____

Human Resources: _____ Date: _____