



The University of Toledo/Health Science Campus

# SALARIED FACULTY

Appointment or Change of Status Form

Action: \_\_\_\_\_

Action Effective Date: \_\_\_\_\_

With Medical Staff Privileges

Without Medical Staff Privileges

APT Recommendation if Applicable

Name: \_\_\_\_\_  
*Last First Middle Degree*

Rocket ID: \_\_\_\_\_ Phone: \_\_\_\_\_

## CURRENT PROPOSED

Primary Department: \_\_\_\_\_

Academic Rank: \_\_\_\_\_

Tenure Status: \_\_\_\_\_

Academic Salary: \_\_\_\_\_  
*Per Annum*

Academic Track: \_\_\_\_\_

Administrative Title: \_\_\_\_\_

Administrative Salary: \_\_\_\_\_

Employee Class: \_\_\_\_\_

FTE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Per Annum*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SALARY SOURCES

**Index No.**    **Account No.**    **Amount**

**Index No.**    **Account No.**    **Amount**

PCN: \_\_\_\_\_  
*Current*

(a) \_\_\_\_\_ (a) \_\_\_\_\_ \_\_\_\_\_  
(b) \_\_\_\_\_ (b) \_\_\_\_\_ \_\_\_\_\_  
(c) \_\_\_\_\_ (c) \_\_\_\_\_ \_\_\_\_\_  
(d) \_\_\_\_\_ (d) \_\_\_\_\_ \_\_\_\_\_  
(e) \_\_\_\_\_ (e) \_\_\_\_\_ \_\_\_\_\_  
(f) \_\_\_\_\_ (f) \_\_\_\_\_ \_\_\_\_\_

(a) \_\_\_\_\_ (a) \_\_\_\_\_ \_\_\_\_\_  
(b) \_\_\_\_\_ (b) \_\_\_\_\_ \_\_\_\_\_  
(c) \_\_\_\_\_ (c) \_\_\_\_\_ \_\_\_\_\_  
(d) \_\_\_\_\_ (d) \_\_\_\_\_ \_\_\_\_\_  
(e) \_\_\_\_\_ (e) \_\_\_\_\_ \_\_\_\_\_  
(f) \_\_\_\_\_ (f) \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ *Proposed*

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Joint Appointment(s): \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Joint Appointment(s): \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Contract Length: \_\_\_\_\_ If other, From: \_\_\_\_\_ To: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Grants Accounting: \_\_\_\_\_ Budget Office: \_\_\_\_\_

### AUTHORIZATIONS

President \_\_\_\_\_

Chairperson (Primary Dept.) \_\_\_\_\_

Finance \_\_\_\_\_

Chairperson (Joint Dept.) \_\_\_\_\_

Appointing Authority \_\_\_\_\_

Dean of Respective College \_\_\_\_\_

Board of Trustees Approval Date \_\_\_\_\_

*Send completed form with supporting material to the Office of Faculty Affairs*