SECONDARY TEACHING APPOINTMENT RECOMMENDATION FORM

For recommendations of secondary teaching appointments (faculty purchases)

PRINCETON UNIVERSITY

Clear Form

Date: _____ ☐ REVISION (circle changes) EMPLID: _____

SECTION I. PERSONAL INFORMATION

Name: _____ _____ _____
Last *First* *Middle*

SECTION II. SECONDARY TEACHING APPOINTMENT INFORMATION

Secondary Appt. Start Date _____ (Sept 1 or Jan 16) Secondary Appt. End Date: _____ (Jan 16 or Jun 1)

Secondary Appointing Unit(s): _____

Secondary Appt. Rank: _____ Primary Appt. Rank: _____

Sec Appt. Annual 9-month FTE Salary $: _____ Primary Appt. 12-month FTE Salary $: _____

Fall (if applicable)

Fall FTE Fraction: _____ Fall Duty Time: _____ Fall Actual Salary: _____

Department	*Fund*	*Program*	*Project*	*Activity*	*Dollar Amount or percentage of salary*	
					$	or %
					$	or %
					$	or %
					$	or %

Spring (if applicable)

Spring FTE Fraction: _____ Spring Duty Time: _____ Spring Actual Salary: _____

Department	*Fund*	*Program*	*Project*	*Activity*	*Dollar Amount or percentage of salary*	
					$	or %
					$	or %
					$	or %
					$	or %

☐ I confirm that I have consulted with the department chair/program director, and the joint appointing unit (if applicable), followed the established procedures, and obtained the necessary approvals to submit this action on behalf of the academic unit.

_____ _____

Form Completed by: Date: