



# THE UNIVERSITY OF LOUISIANA AT LAFAYETTE

## APPOINTMENT FORM FOR TEMPORARY ACADEMIC PERSONNEL

\_\_\_\_\_ (Date of Submission)

The following appointment is being recommended for your approval:

| Last Name   | First Name | Middle Name  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------|--|--------|---------|--------|--|--|--|--|--|--|--|--|--|--|--|--|
|   |            | Date of Birth  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            | Social Security Number   |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Recommended Rank  |            | Department Name and Account Number   |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Indicate Percentage: ___%)<br>Indicate Length of Appointment:<br><br>FROM: _____ TO: _____<br>Indicate if:<br><input type="checkbox"/> Academic Year <input type="checkbox"/> Semester |            | Teaching Schedule*<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Course</th> <th style="text-align: center;">Section</th> <th style="text-align: center;">Credit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Course | Section | Credit |  |  |  |  |  |  |  |  |  |  |  |  |
| Course  | Section    | Credit   |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Salary: _____ Other Salary Base: _____  |            | <small>* Please attach from ISIS, enrollment data from CS SECTMNT for all section numbers of the teaching schedule to the left.</small>  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Identify Budget Position or Source of Funding:  |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| TBN- _____  |            | Adjunct Funds: _____   |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| University College _____  |            | Other: _____   |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Degree Designations (Budgetary Purposes): [B; M; M+1; M+2; ABD; D] _____  |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Total years of full-time teaching experience (excluding G.A.): _____  |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Of the total, list number of years at UL Lafayette: _____   |            | _____  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Of the total, list other institutions: _____  |            | _____  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Total years of other professional-related experience: _____   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Of the total, list number of years at UL Lafayette: _____   |            | _____  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Of the total, list other organizations: _____   |            | _____  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| List Recent Appointments:   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Years   | Employer   |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| If employed previously at UL Lafayette, indicate date _____ Department _____  |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Address _____   |            |  |        |         |        |  |  |  |  |  |  |  |  |  |  |  |  |

Calculation of Part-Time Employment per semester (Fall/Spring)

| Credit Hours Taught | % Employment | Credit Hours Taught | % Employment |
|---------------------|--------------|---------------------|--------------|
| 1                   | 6.7          | 9                   | 60           |
| 2                   | 13.3         | 10                  | 66.7         |
| 3                   | 20           | 11                  | 73.3         |
| 4                   | 26.7         | 12                  | 80           |
| 5                   | 33.3         | 13                  | 86.7         |
| 6                   | 40           | 14                  | 93.3         |
| 7                   | 46.7         | ≥15                 | 100          |
| 8                   | 53.3         |                     |              |

Calculation of Part-Time Employment per semester (Summer)

| Credit Hours Taught | % Employment | Credit Hours Taught | % Employment |
|---------------------|--------------|---------------------|--------------|
| 1                   | 11.1         | 6                   | 66.7         |
| 2                   | 22.2         | 7                   | 77.8         |
| 3                   | 33.3         | 8                   | 88.9         |
| 4                   | 44.4         | 9                   | 100          |
| 5                   | 55.5         |                     |              |

**PLEASE REFRAIN FROM PUTTING PEOPLE TO WORK UNTIL APPROVAL HAS BEEN OBTAINED FROM ALL APPROPRIATE PARTIES INDICATED BELOW.**

RECOMMENDATION OF TEMPORARY ACADEMIC APPOINTMENT SUBMITTED BY:

\_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**I certify that this faculty appointment has been pre-certified by the Office of Academic Planning and Faculty Development and meets all SACS teaching criteria for the assigned courses.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean, College of: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director, University College

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean, Graduate School (for Teaching Assistants)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President for Academic Affairs

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 President

| <i>Personnel Action Approved</i> |         |
|----------------------------------|---------|
| _____                            |         |
| Date                             | Initial |
| Personnel: _____                 | _____   |
| Payroll: _____                   | _____   |
| Master File: _____               | _____   |
| Board: _____                     | _____   |

