

Type of Action:	
New Appointment	<input type="checkbox"/>
Successive Contract	<input type="checkbox"/>
Promotion	<input type="checkbox"/>
Other	<input type="checkbox"/>

FLORIDA GULF COAST UNIVERSITY
FACULTY APPOINTMENT INFORMATION FORM

1. Name:	5. Position #:
2. Social Security #:	6. a. Annual Base Salary: b. Admin. Stipend (if any): c. Total Annual Salary:
3. Start Date: End Date:	7. Department Name:
4. Faculty Rank/Classification: Discipline: CIP Code: Credit for Years in Rank:	8. Pay Dept. SAMAS Acct. #: Banner Index #: 8a. Funding Source:
9. Administrative Title (if applicable):	
10: Initial Duty Statement to be Included in Letter (Please fill in the text box. Information can be taken from the Position Vacancy Announcement)	
11. Special Conditions to be Included in Employment Contract:	
12. Appointment Status:	13. F.T.E.:
14. If Fixed Multi-Year: Years	15. Appointment Months:
16. Moving Expenses (if applicable): \$ Maximum	
Other Comments:	

**Authorization and
Routing Key:**

1. **Academic Dean/Director:**_____ **Date:**_____
2. **Equal Opportunity Officer:**_____ **Date:**_____
3. **Academic Affairs Budget Office**_____ **Date:**_____

(if applicable)
4. **University Budget Office:**_____ **Date:**_____
5. **Research & Sponsored Programs:**_____ **Date:**_____

(if applicable)
6. **Human Resources**_____ **Date:**_____