Full-Time ☐
Part-Time ☐

HOFSTRA UNIVERSITY
ACADEMIC ADMINISTRATION
APPOINTMENT / REAPPOINTMENT FORM

Appointment ☐
Reappointment ☐

Reset

CANDIDATE'S NAME

DEPARTMENT

SSN HOFSTRA ID (if available)

TITLE NEW LINE (attach approval)

REPLACEMENT FOR

APPOINTMENT PERIOD

SALARY FOAPALB

Visa Information

a. Is the candidate currently in the United States on a Visa?

b. If a is yes, what is the candidate's current Visa Status?

c. Will the candidate require employment Visa sponsorship in order to work for Hofstra?

IMMEDIATE SUPERVISOR

RESUME ATTACHED? ☐ Yes ☐ No RECOMMENDATIONS ATTACHED? ☐ Yes ☐ No

REFERENCES CHECKED BY:

PLEASE NOTE: A BACKGROUND CHECK MUST BE COMPLETED AND PROOF OF ITS COMPLETION ATTACHED

FOR CURRENT EMPLOYEES ONLY: Has former Department been informed? ☐ Yes ☐ No ☐ N/A

Has former Manager/VP approved transfer? ☐ Yes ☐ No ☐ N/A Resignation letter attached? ☐ Yes ☐ No

APPOINTMENT FORMS MUST BE ACCOMPANIED BY THE COMPLETED RECRUITMENT REPORT

DEAN'S COMMENTS: See attached ☐

DEAN'S SIGNATURE_____ DATE

PROVOST OFFICE BUDGET COMMENTS:

PROVOST'S OFFICE BUDGET REVIEW DATE

PROVOST'S COMMENTS: See attached ☐

PROVOST'S SIGNATURE_____ DATE

This approval is subject to the satisfactory completion of all required documentation and verification and the issuance of a formal appointment letter.

PRESIDENT'S SIGNATURE_____ DATE

*This form is used for primary Academic Administration Appointments/Reappointments only. For any appointments which are in addition to the primary position use the Supplemental Appointment/Reappointment Form.