

HOFSTRA UNIVERSITY
SUPPLEMENTAL ADMINISTRATIVE RESPONSIBILITY
APPOINTMENT / REAPPOINTMENT FORM

SUPPLEMENTAL TITLE

REPLACEMENT FOR

APPOINTMENT PERIOD

DEAN'S SIGNATURE _____ DATE

PROVOST'S OFFICE BUDGET REVIEW _____ DATE

PROVOST'S SIGNATURE _____ DATE

PRESIDENT'S SIGNATURE _____ DATE

(This form is used for Administrative Responsibilities which are in addition to the primary position -- e.g. Coordinator)