

**HOFSTRA UNIVERSITY
SUPPLEMENTAL ADMINISTRATIVE RESPONSIBILITY
APPOINTMENT/REAPPOINTMENT FORM**

Candidate's Name:	<input type="text"/>	Hofstra ID (if available):	<input type="text"/>
Department:	<input type="text"/>		
Supplemental Title:	<input type="text"/>	Replacement For:	<input type="text"/>
Appointment Period:	<input type="text"/>		
Stipend Amount:	<input type="text"/>	FOAPALB	<input type="text"/> <input type="text"/> <input type="text"/>

Dean's Comments:	Position:	<input type="text"/>	Suffix:	<input type="text"/>
Dean's Signature: _____			Date: <input type="text"/>	

Provost's Office Budget Comments:

Provost's Office Budget Review: _____	Date: <input type="text"/>
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Provost's Comments:

Provost's Signature: _____	Date: <input type="text"/>
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