

**HOFSTRA UNIVERSITY
TEMPORARY CHAIR REPLACEMENT**

Department:

Candidate: Hofstra ID:

Incumbent: Hofstra ID:

Period of Temporary Appointment:

Candidate Released Time to be Used:

Stipend Paid:

FOAPALB

Vacation Pool ☐

OR

Funds from Incumbent ☐

Please note: Replacement and incumbent released time and replacement and incumbent stipend must be associated with this department.

Dean's Comments: Suffix:

Dean's Signature: _____ Date:

Provost's Office Budget

Provost's Office Budget Review: _____ Date:

Provost's Comments:

Provost's Signature: _____ Date: