

CHANGE IN INSTRUCTIONAL PERSONNEL ACTION RECOMMENDATION

DATE _____

NAME Doe John SS# _____
Last First Middle

DEPARTMENT _____ TITLE _____

PERIOD OF APPOINTMENT _____
From Through

REAPPOINTMENT _____
From Through

I. Type of Change - Check appropriate box(es)

- Salary
- Resignation (Full Time only)
- Number of Hours (Adjunct)
- Terms of Leave of Absence
- Effective Dates
- Others (Specify) FELLOWSHIP LEAVE
- Cancellation (Adjunct)
- Full Year/one-half(1/2) annual salary

CHANGED

From: 9/1/2005 - 8/31/2006 To: 9/1/2006 - 8/31/2007

II. Action on appointments contingent upon receipt of Ph.D.

- A. Contingency removed (attach documentation)
- B. Contingency not removed

Signed _____ Department Chairperson

Signed _____ Dean

Signed _____ Personnel Director