

Immigration and Reform Law: Form I-9 and documentation enclosed: ____
I-9 must be completed within 72 hours of start date. If not attached, indicate date that it will be sent to the
Office of the Provost _____

Marquette University FACULTY Appointment Form

Title: (i.e. Dr., Mr., and Ms.) _____ Name: _____
(Last) (First) (M.I.)

School/College: _____

Recommended Rank: _____ Department: _____

Effective date of appointment: ____ - ____ - ____

Status and Salary: Full-Time Recommended Salary: \$ _____ on _____ (9) or (12) month basis
Part-Time Recommended Salary: \$ _____ /credit hr or \$ _____ /course
on _____ - month basis (semester, 9, 12)

New Position/Line: Yes ____ No ____ replacement for: _____

Name/Title
No ____ reappointment

Does candidate currently hold a position elsewhere at MU? If yes, area: _____

Source of salary funds: \$ _____ Source: _____ - _____ - _____
\$ _____ Source: _____ - _____ - _____
\$ _____ Source: _____ - _____ - _____

Are moving expenses recommended?
No ____ Yes, up to \$ _____ Account Number: _____ - _____ - _____

If start up expenses are recommended, please provide an attachment detailing the dollar amount, annual distribution, account number and justification.

Department Chair:
Signature: _____ Date: _____

Dean:
Signature: _____ Date: _____

Graduate School Dean (if teaching graduate students on a full-time basis):
Signature: _____ Date: _____

Office of Research and Sponsored Programs (if fully or partially grant funded)
Signature: _____ Date: _____

Office of the Provost:
Moving expenses approved: Yes ____ No ____ Start-up expenses approved: Yes ____ No ____
Signature: _____ Date: _____