

Immigration and Reform Law: Form I-9 and documentation enclosed: yes ___
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 ADMINISTRATOR Appointment Form

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

School/College: _____

Recommended Title: _____ Department: _____

Effective date of appointment: ___ - ___ - ____

Status and Salary: Full-Time Recommended Salary: \$ _____ on _____ - month basis
Part-Time Recommended Salary: \$ _____ on _____ - month basis

New Position/Line: Yes ___ No ___ replacement for _____
Name/Title

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

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

Are moving expenses recommended?

Yes, up to \$ _____ Account Number: _____ - _____ - _____

No _____

Department Chair:

Signature: _____ Date: _____

Dean:

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 _____

Signature: _____ Date: _____