**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: _____