



## TENURE TRACK FACULTY APPOINTMENT FORM

(This will become the formal notice of appointment upon completion of all approvals listed.)

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

Legal Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

### POSITION/JOB INFORMATION

Campus: Alton Edwardsville  
E St. Louis SIUC Springfield

New  
Renewal

Personnel Bulletin No.:  
FY \_\_\_\_\_

Previous  
Incumbent: \_\_\_\_\_

Box \_\_\_\_\_ Bldg. & Rm. No. \_\_\_\_\_ Phone w/ Prefix: \_\_\_\_\_

Position Title/Rank	Posn. No.	Full-Time Semi-Mo. Sal. Base	Appt. Pct. (4 dec. places max)	Hours Per Pay	Actual Assigned Salary	Sal. Hold	Account Title	Org/DDU	AIS Budget Purpose

Non-represented Represented

Grants Office Approval (for Grant Accounts Only)  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Acting  
Interim

### APPOINTMENT TYPE & PERIOD

Continuing: Academic Fiscal Beginning: \_\_\_\_\_ (sem./yy or mm/dd/yy)

(A continuing appointment is renewed automatically each year, excluding Summer, unless the appointee is given notice as specified in the applicable personnel policies. Summer appointments assigned to continuing, tenure track faculty do not count toward tenure. Summer academic appointments are subject to July 1 salary increases, when applicable, unless otherwise noted below as a condition of appointment.)

Term: Academic Fiscal Summer Acad. Beginning: \_\_\_\_\_ through: \_\_\_\_\_  
(sem./yy or mm/dd/yy) (sem./yy or mm/dd/yy)

(A term appointment is written for a specified period of time and may be renewed. Notice of non-renewal, other than the terminal date of this appointment as stated herein, is not required and shall not be given. If an appointment period set forth under a collective bargaining agreement conflicts with this provision, the collective agreement's terms and conditions shall prevail. Summer academic appointments are subject to July 1 salary increases, when applicable, unless otherwise noted below as a condition of appointment.)

### CONDITIONS OF APPOINTMENT/DESCRIPTION OF RESPONSIBILITIES

(Include position description. Attach a separate statement if necessary.)

This extra service is over and above services required by the current budgeted contract. It will not affect performance under such contract.

If related by blood or marriage to any member of the Board of Trustees, please state the relationship: \_\_\_\_\_

**READ BEFORE SIGNING:** The applicant agrees that if appointed, their conditions of employment will include the laws of Illinois, including Board of Trustees legislation, and all policies, regulations, including those of SIUE, from time to time issued pursuant thereto, all of which will be as much a part of the applicant's employment contract as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment or renewal of the appointment. It is a condition of employment that each appointee agrees to abide by the provisions of the University Patent and/or Copyright Policy and any contractual obligations of the University to others with reference to discoveries, inventions, improvements, compositions or creations made, produced, developed, actually or constructively reduced to practice or perfected during the term of employment as well as comply with any and all applicable United States export control and trade laws and regulations.

I am a retiree as defined by the State Universities Retirement System (SURS). Yes No

Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As defined by the Office of the Secretary of State, and based on the responsibilities assigned to this position, the employee will be re-quired to complete a Statement of Economic Interest. For filing information and criteria, visit <https://siusystem.edu/ethics/statement-of-economic-interests.shtml>.

### RECOMMENDATION:

Chair/Supervisor Signature & Date

Dean/Dir./Fisc. Offr. Signature & Date

Vice Chancellor Signature & Date

Chair/Supervisor Signature & Date

Dean/Dir./Fisc. Offr. Signature & Date

Vice Chancellor Signature & Date

APPOINTMENT: Subject to the requirements of the Board of Trustees' Policy on Personnel Approval, you are hereby appointed to the position described above.

CHANCELLOR: \_\_\_\_\_

Date approved/ratified by President: \_\_\_\_\_

Date approved/ratified by Board of Trustees: \_\_\_\_\_

FICA SURS Medicare