

**SAMFORD UNIVERSITY
FACULTY EMPLOYMENT FORM**

_____ Full-time, 9 Month _____ Full-time, 12 Month _____ Part-time
_____ Teaching Faculty _____ Administrative Faculty _____ Library Faculty Other _____

When employing individuals on a part-time, adjunct or temporary basis, it may also be necessary to complete a *Letter of Agreement* or the *Supplemental or Part-Time Pay Request Form* to show how to pay their designated salary.

Name of New Hire: _____ Social Security #: _____

Title: _____ Rank: _____

School or Department: _____ Date to Report for Work: _____

Tenure track: _____ Number years credit _____ Non-tenure track _____

Annual Salary: _____ Rate of Pay (Hourly): _____ **OR** Monthly: _____

Old Account #: _____ Position Control #: _____

BANNER

FOAPAL: Index: _____ Fund: _____ Org.: _____ Acct.: _____ Prog.: _____

Campus Address (Bldg. & Room #): _____ Campus Phone #: _____

This Employee is Replacing: _____

_____ Stipend applies to full-time employment Old Account # for Stipend: _____

Stipend Job Title: _____

Stipend Amount: _____ Annual Salary (including stipend): _____

BANNER

FOAPAL: Index: _____ Fund: _____ Org.: _____ Acct.: _____ Prog.: _____

APPROVAL: (Please route in the following order)

Department Head/Chair: _____ Date: _____

Dean (if applicable): _____ Date: _____

Provost/Vice President: _____ Date: _____

President (if applicable): _____ Date: _____

Budget Office: _____ Date: _____

Human Resources _____ Date: _____