

**REQUEST TO ESTABLISH
NON-TENURE TRACK FACULTY POSITION**

To: Provost and Vice President for Academic Affairs

Through: _____
Dean _____ College/School _____

From: _____
Department Head _____ Department _____

Date Submitted _____ Recommended Effective Date _____

Proposed Title of Position _____

Proposed Funding Source _____
Account Number _____

Justification for establishing position: _____

Job Description: _____

Qualifications: _____

Final Action: () Approved () Disapproved

Provost

Date

<p>For Department Use Only Employee Class: 9 month () 12 month () Part Time () Full Time () Reports To: (Position No.) _____ Job Location: _____</p>
<p>For HR & AA/EEO Use Only EEOC: _____ FOC: _____ SOC: _____</p>