

Florida Agricultural and Mechanical University Recommendation for Faculty Employment

Position No.: _____ Date: _____

E&G Grant

From: _____

College/School

Division

Area

Name of Employee: _____ Employee Id: _____

Date of Birth: _____ Race: _____ Sex: _____

Home Address: _____ Home Phone: _____

Campus Mailing Address: _____ Campus Phone: _____

Highest Degree: _____ Date of Degree: _____

FTE _____ % Position Title: _____ Class Code: _____ Professorial Rank: _____

Academic Discipline: _____ Tenured Earning Tenure Not Eligible for Tenure

Biweekly Salary Rate: \$ _____ Annual Salary Rate: \$ _____

Grant No.: _____ Grant Expiration Date: _____

Period of Appointment _____ to _____ Type of Appointment: _____

Administrative Title _____ Administrative Code _____

Special Conditions _____

Assigned Duties:

Teaching _____ %	_____ % of time will be devoted to Grant No. _____
Counseling _____ %	_____ % of time will be devoted to Grant No. _____
Public Service _____ %	Pay status (working) from _____ to _____
Research _____ %	and from _____ to _____, Non-pay status
Administrative _____ %	(not working) from _____ to _____ and from _____
	to _____. This position is located in _____ County.
Total 100%	

This individual (is/is not) employed by another State agency. If so, please list state agency _____.

PRINT NAME

SIGNATURE

***POS. NO.**

DATE

Chair/Division Director/Principal Investigator

Dean/Contracts and Grants Officer

Vice President for Academic Affairs

**Denotes position number of the manager of the faculty member.*

Revised 8/16/2018