

# 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
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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