



INDIANA STATE UNIVERSITY

Instructor and Full-Time Lecturer Reappointment Authorization

**A reappointment is someone continuing university employment with no break in service (excluding summer for faculty).

Instructor (Multi Year Appointment) (Class Schedule Below) Full-Time Lecturer (1 Year Appointment)	Length of Appointment: One Year Two Year Three Year
University ID/SSN _____ LAST NAME _____ FIRST NAME _____ MI _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____	Effective Date of Employment: Aug. 1, 20__ Or Other _____

DEPARTMENT _____ PAY INDEX _____ ORG CODE _____
 SALARY _____ Academic Year Or Fiscal Year CIP CODE _____

Title Instructor Full-Time Lecturer	FTE: Fall FTE _____ Spring FTE _____
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HIGHEST DEGREE EARNED _____ DATE EARNED _____
 INSTITUTION _____

<u>Class/Assignment Schedule (Instructor/FT Lecturer ONLY):</u>		Credit Hours	<u>Class/Assignment Schedule (Instructor/FT Lecturer ONLY):</u>		Credit Hours
Course Title/Other Assignment	(Fall Semester)	_____	Course Title/Other Assignment	(Spring Semester)	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Fall Semester Totals: _____			Spring Semester Totals: _____		

I APPROVE THE APPOINTMENT OF THE ABOVE INDIVIDUAL AND VERIFY THAT ALL THE DATA IS CORRECT.

Department Chairperson Signature _____	Date _____	Grant & Contracts Signature (when applicable) _____	Date _____
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Dean or Other Administrator Signature _____	Date _____	Provost/Academic Affairs Signature _____	Date _____
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COMMENTS