

**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: \_\_\_\_\_

Title: \_\_\_\_\_ Date to Report for Work: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

Rank: \_\_\_\_\_ # years credit toward promotion: \_\_\_\_\_

Tenure track: \_\_\_\_\_ # years credit toward tenure: \_\_\_\_\_ Non-tenure track: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Rate of Pay (Hourly): \_\_\_\_\_ OR Monthly: \_\_\_\_\_

This employee is replacing: \_\_\_\_\_ Position Control #: \_\_\_\_\_

BANNER

FOAPAL: Index: \_\_\_\_\_ Fund: \_\_\_\_\_ Org.: \_\_\_\_\_ Acct.: \_\_\_\_\_ Prog.: \_\_\_\_\_

Campus Address (Bldg. & Room #): \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

---

Complete this section if a stipend is part of the full-time appointment:

Stipend Job Title: \_\_\_\_\_

Stipend Annual Salary: \_\_\_\_\_ Annual Salary (faculty salary plus stipend): \_\_\_\_\_

STIPEND

FOAPAL: Index: \_\_\_\_\_ Fund: \_\_\_\_\_ Org.: \_\_\_\_\_ Acct.: \_\_\_\_\_ Prog.: \_\_\_\_\_

---

---

**APPROVAL: (Please route in the following order)**

Department Head/Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Provost/EVP: \_\_\_\_\_ Date: \_\_\_\_\_

President (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Budget Office: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_