

# Full-time Faculty: Adjusted Hire Date Approval Form

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Name of new faculty: \_\_\_\_\_

School/College: \_\_\_\_\_

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

Original contract start date: \_\_\_\_\_

Adjusted contract start date: \_\_\_\_\_

Is this an international faculty member?

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Elaborate on the specific professional activities requiring a physical presence on campus and adjusted hire:

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After consultation with the faculty member, I can certify that he/she is,

1. Not engaged in employment at another institution,
2. Not in violation of the Faculty Handbook,
3. Is physically present on campus, and is engaged full-time in the above duties.

Department Chair signature:

Dean signature:

Provost (or designee) signature:

