

EFFDT	ACTION	REASON	
1. _____	_____	_____	DATE SUBMITTED
2. _____	_____	_____	
3. _____	_____	_____	
POSITION	OF TOTAL	POSITION(S)	

NOMINATION FORM

NAME Prefix _____ Suffix _____	OFFICE PHONE _____	SOCIAL SECURITY NO. _____	
Last, First Middle _____	HOME PHONE _____	ADMIN DEPT NAME _____	
	MOBILE PHONE _____	ADMIN DEPT NO. _____	
WORK LOCATION _____		CHECK SEQ. CODE _____	

OFFICE ADDRESS ADDR LINE 1 (RM & BLDG): _____ ADDRESS LINE 2: _____ ADDR LINE 3 (MAIL CODE): _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____	HOME ADDRESS (Perm) ADDRESS LINE 1: _____ ADDRESS LINE 2: _____ ADDRESS LINE 3: _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____
MAILING ADDRESS (Curr) ADDRESS LINE 1: _____ ADDRESS LINE 2: _____ ADDRESS LINE 3: _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____	

PERSONAL GENDER: _____ BIRTHDATE: _____ MARITAL STATUS* _____ MARITAL STATUS DATE: _____ ETHNICITY / RACE* (2 questions) HISPANIC OR LATINO? YES NO AMERICAN INDIAN/ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN WHITE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER NOT DISCLOSED	VISA US CITIZEN YES NO VISA TYPE: _____ EXPIRATION DATE: _____ PERM RES REG NO. _____ I-9 COMPLETED YES NO DATE CU COMPLETED _____ AA CLEARANCE _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____
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EDUCATION			
HIGHEST DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE

TENURE: TENURE STATUS _____ TENURE EFFECTIVE DATE _____ (REQ'D FOR 1 OR 2 ONLY)	COMPLETE UNIVERSITY TITLE <div style="height: 100px;"></div>
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POSITION / SALARY INFORMATION						
POSITION NUMBER: _____ POSITION TITLE: _____ POSITION DEPT NO.: _____ POSITION DEPT NAME: _____ APPOINTMENT EFFECTIVE DATE: _____ APPOINTMENT END DATE: _____	PERIOD/CONTRACT SALARY: _____ FULL BASE SALARY: _____ ANNUAL/HOURLY RATE: _____ <table style="width: 100%;"> <tr> <td>FULL-TIME</td> <td>PART-TIME</td> </tr> </table> <table style="width: 100%;"> <tr> <td>SALARY TYPE</td> <td>CNTRCT</td> <td>NAANNL</td> </tr> </table>	FULL-TIME	PART-TIME	SALARY TYPE	CNTRCT	NAANNL
FULL-TIME	PART-TIME					
SALARY TYPE	CNTRCT	NAANNL				

LEAVE OF ABSENCE			
LEAVE ACTION _____	LEAVE REASON _____	PARTIAL PAY YES NO	
LEAVE BEGIN DATE _____	LEAVE END DATE _____	EXPECTED RETURN DATE _____	

COMMENTS:

AUTHORIZATIONS / APPROVALS: EVP/DEAN			
NAME _____	DATE _____	NAME _____	DATE _____
CHAIR / DIRECTOR _____		PROVOST _____	
NAME _____	DATE _____	NAME _____	DATE _____
VP / DEAN _____		HRPC _____	

PLEASE TYPE