

UNIVERSITY OF LOUISVILLE – PERSONNEL RECOMMENDATION (P103)

Employee ID _____

Job Opening # _____

Faculty Member's Name _____

Highest Degree _____

Institution Degree Earned _____

Recommendation:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> New Appointment | <input type="checkbox"/> Additional Appointment | <input type="checkbox"/> Promotion | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Reappointment | <input type="checkbox"/> Leave | <input type="checkbox"/> Tenure | <input type="checkbox"/> Expiration of appt. |
| <input type="checkbox"/> Change of Appointment | <input type="checkbox"/> Endowed Chair/Scholar Review | <input type="checkbox"/> Tenure/Promotion | <input type="checkbox"/> Retirement |

Other Actions/ Remarks: _____

Faculty Appointment Type (check one): ☐ Tenured ☐ Tenure track ☐ Term

Present Rank and Position, Department/Unit at UofL: _____

Recommended Rank and Position, Department/Unit at UofL: _____

Start and End Dates

Start Date: _____

End Date: _____

Appointment Type:

☐ 10 months ☐ 9 months

☐ 11 month

☐ 12 months

Pay Over

☐ 10 months

☐ 11 month

☐ 12 months

VA Appointment?

☐ Yes (_____ eighths)

☐ No

Compensation Type (e.g., base, supplement)	Program Number	Source of Funds (general, clinical, endowment, etc.)	PCN	Current Amount	New Amount (if different)
Base					
Supplement					
Total					

SCHOOL OF MEDICINE ONLY: Does faculty member receive compensation from University of Louisville Physicians or other outside entity connected to faculty member's practice?

☐ Yes

☐ No

- | | |
|---|---|
| <input type="checkbox"/> Faculty member is academically qualified | SACS 3.7.1: "The institution employs competent faculty members qualified to accomplish the mission and goals of the institution." |
| <input type="checkbox"/> Faculty member is proficient in the English language | KRS 164.297: "Each state university shall institute English language proficiency assessment for all instructors." |
| <input type="checkbox"/> Criminal background check not needed | <u>Reason:</u> |

JOINT APPOINTMENT ONLY: If joint appointment is in a unit other than that of primary appointment, the dean of the unit where the joint appointment is held must endorse by signing below:

Dean of unit where joint appointment is held

Date

Department Chair (if required) Date

Vice President Date

Dean Date

University Provost Date