

## UNIVERSITY OF LOUISVILLE – PERSONNEL RECOMMENDATION

Employee ID \_\_\_\_\_ Job Opening # \_\_\_\_\_

Faculty Member's Name \_\_\_\_\_ Highest Degree \_\_\_\_\_ Institution Degree Earned \_\_\_\_\_

<b>Recommendation:</b>			
<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: \_\_\_\_\_

Present Rank and Position at UofL: \_\_\_\_\_

\_\_\_\_\_

Recommended Rank and Position at UofL: \_\_\_\_\_

<u>Start and End Dates</u>	<u>Appointment Type:</u>	<u>Pay Over</u>	<u>VA Appointment?</u>
Start Date: _____	<input type="checkbox"/> 10 months <input type="checkbox"/> 9 months	<input type="checkbox"/> 10 months	<input type="checkbox"/> Yes (____ eighths)
End Date: _____	<input type="checkbox"/> 11 month	<input type="checkbox"/> 11 month	<input type="checkbox"/> No
	<input type="checkbox"/> 12 months	<input type="checkbox"/> 12 months	

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

<b>SCHOOL OF MEDICINE ONLY:</b> Does faculty member receive compensation from University of Louisville Physicians or other outside entity connected to faculty member's practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<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 \_\_\_\_\_