UNIVERSITY OF LOUISVILLE
PERSONNEL RECOMMENDATION
BOARD OF TRUSTEES

P-104
(Revised 06/10)

Employee ID #: _____

TERM, TERM/ROLLING, and PART-TIME
REAPPOINTMENTS ONLY

_____ _____ _____
Name Highest Degree Institution Degree Earned

Rank and Position at UofL _____

_____

Date of Recommended Action: _____ _____
Start End

Salary: Base Salary _____ PCN# _____ Appointment (Faculty Only): ☐10 mo ☐11 mo ☐12 mo
Supplemental_____ Pay Over: ☐10 mo ☐11 mo ☐12 mo
VA Appointment _____

Indicate source of salary:

Amount	Account Number	Amount	Account Number

Remarks: _____

If any individual has a joint appointment with another unit, endorsement of the appropriate dean should be given below:

_____ _____
Dean's Signature Date

Please update the following information:

Home Address: _____ Telephone: _____

Degree	Institution	Date Awarded	Area of Study

_____
Department Chair (if required) Date

_____
Dean Date

_____
Vice President Date

_____
University Provost Date