UNIVERSITY OF MARYLAND EASTERN SHORE  
DIVISION OF ACADEMIC AFFAIRS  
Exempt Staff Appointment Recommendation for Academic Affairs  
(Incomplete forms will be returned – if any item is not applicable, state so.)

Approval is requested for the following:

Please ( ) appropriate box:  [ ] New  [ ] Amendment

<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>Title</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
</table>

MAILING ADDRESS ________________________________________________________________

TELEPHONE ___________________________ VISA STATUS _____________________________

POSITION (TITLE) ______________________________________________________________________ Employing Department(s)

Does the candidate have or anticipate concurrent employment in another department or unit? No [ ] Yes [ ]

If yes, provide name of department/unit.

Is the individual a UMES student? No [ ] Yes [ ]

TYPE OF CONTRACT:  [ ] 12 months  [ ] Full-time  [ ] Part-time ___________

APPOINTMENT PERIOD ______________________________________________________________________ TO ______________________________________________________________________

SALARY RATE ___________________________ EXACT _____________________________

BUDGET INFORMATION  (FAS and/or Funding Source) __________________________________________

SPECIAL CONDITIONS:  

OTHER (SPECIFY)  

<table>
<thead>
<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>COMPLETE</th>
<th>INCOMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESUME’ (Can be attached)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMES APPLICATION (Should be sent directly to Human Resources)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LETTERS OF RECOMMENDATO/N/REFERENCES (Can be attached)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFFICIAL TRANSCRIPTS (Should be sent directly to Human Resources)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above information is correct.

Department Chair/Director _____________________________________________

Print Name __________________________ Date ___________________________

Signature __________________________ Date ___________________________

Agricultural Accountant ____________________________________________

(Signed if applicable) __________________________ Date __________________________

Sponsored Programs ____________________________________________

(Signed if applicable) __________________________ Date __________________________

Title III ____________________________________________

(Signed if applicable) __________________________ Date __________________________

School:  [ ] Agricultural & Natural Sciences  [ ] Arts & Professions  [ ] Business & Technology  [ ] Graduate Studies  [ ] Library Services  

[ ] Health Professions  [ ] International Programs

Dean/Director __________________________ Date ___________________________

Dr. Marie Billie  
Director, Human Resources

Dr. Ronnie Holden  
Vice President for Administrative Affairs

Dr. Emmanuel T. Acquah  
Acting Vice President for Academic Affairs

Dr. Thelma Thompson  
President

6/12/06

Academic Affairs Form #5