DIVISION OF ACADEMIC AFFAIRS
Academic Appointment Recommendation – Part-Time Only
(Included below are the instructions for completion. Incomplete forms will be returned)

Approval is requested for the following:
Please (✓) appropriate box:  ☐New  ☐Amendment  ☐Returning Faculty
Date of Last Appointment: ____________________________

CANDIDATE

Title  First Name  Middle Initial  Last Name

MAILING ADDRESS______________________________________________________________

TELEPHONE_________________________  VISA STATUS____________________

POSITION (TITLE)_________________________  Employing Department(s)_________________

Does the individual 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  ☐ 9 months  ☐ 12 month  Percentage ________________

APPOINTMENT PERIOD_________________________ TO_________________________

EXACT ____________________________________________________________

BUDGET INFORMATION  (FAS and/or Funding Source)___________________________

SPECIAL CONDITIONS: Full information on courses’ locations is not necessary. (Contract is contingent upon adequate enrollment.)

OTHER (SPECIFY)

SUPPORTING DOCUMENTS

RESUME’ (Can be attached) ____________________________________________

UMES APPLICATION (Should be sent directly to Human Resources) __________

LETTERS OF RECOMMENDATION/REFERENCES (Can be attached) __________

OFFICIAL TRANSCRIPTS (Should be sent directly to Human Resources) __________

I certify that the above information is correct.

Department Chair/Director________________________________________________________

Print Name

Signature

Date

Agricultural Accountant __________________________________________ (if applicable)  Date

Sponsored Programs __________________________________________ (if applicable)  Date

Title III __________________________________________ (if applicable)  Date

School ☐ Agricultural and Natural Sciences ☐ Arts and Professions ☐ Business and Technology
☐ Health Professions ☐ Library Services

Dean

Date

Assistant Vice President (Human Resources) __________

Date

Vice President for Administrative Affairs __________

Date

Provost & Vice President for Academic Affairs __________

Date

7/16/2014

Academic Affairs Form #1
Part-time Faculty are not allowed to teach more than nine (9) credits.

1. **NEW**: A person who has never been employed by the University, or a person who will be working in an additional department.

2. **AMENDMENT**: Changes to an existing signed contract. You must also indicate what changes are being made in the OTHER (SPECIFY) section of the Contract.

3. **RETURNING FACULTY**: A faculty member returning from the previous academic year, including the summer session.

4. **CANDIDATE**: Title (Dr./Mr./Mrs./Ms./Miss) – First Name (If other nationality, please make sure that they are providing you with their first name first and not their last name) – Middle Initial (if appropriate) - Last Name (If other nationality, please make sure that they are providing you with their first name first and not their last name)

5. **MAILING ADDRESS**: Address in which the candidate received his/her mail. You should check with all returning part-time faculty as to whether or not their addresses have changed before they leave for the summer.

6. **TELEPHONE**: A number the person would like you to contact them at. Also request a cellular telephone number if available.

7. **VISA STATUS**:

8. **POSITION TITLE**: Most part-time employees will carry the title of Lecturer. In order to be an Assistant or Associate Professor, the employee must possess a terminal degree.

9. **EMPLOYING DEPARTMENT**: The department in which the part-time personnel will be employed. If employee is in more than one department, each department is responsible for completion a part-time contract.

10. Does the individual have or anticipate concurrent employment in another department or unit? A response is required.

11. If yes, provide name of department/unit: A response is required.

12. Is the individual a UMES Student? A response is required.

13. **TYPE OF CONTRACT**: 9-month: August to May (any month after August and ends in December or May); 12-month: July to June (as long as it starts in July, it is 12 months or any contract ending June).

14. **PART-TIME**: The full-time Academic Appointment Recommendation forms should not be used for part-time employment. The President’s approval is not required for part-time appointments. **Percentage**: This category is used to indicate how much percentage the part-time faculty is responsible for teaching.

15. **EXACT**: Amount associated with part-time faculty should be identified in this section (Lecturer--$2,200; Assistant Professor--$2,300; Associate Professor--$2,400; and Professor--$2,500). Off-campus sites are not subject to these fees.

16. **BUDGET INFORMATION**: The budget number and object code must be included.
17. **SPECIAL CONDITIONS**: Departments must identify the course prefix, number, section and credits for payment.

18. **OTHER**: Any information the department wishes to add as part of the contract.


20. **SIGNATURES**: Form should be submitted for signature as indicated on the form. There are no exceptions to routing of the signatures required.

21. **SECONDARY EMPLOYMENT FORM**: A full-time faculty member who is employed in one department and will be teaching in another department **must** complete this form and attach it to the part-time contract.