*The University of Vermont*

**Request for a Non-Salaried Secondary Faculty Appointment**

Appointee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Primary Appointment Information (Existing)*** |
| Title: | FTE/ Term:  |
| Department: | College/School: |
| ***Secondary Appointment Information (New Appointment)*** |
| Title: | Appointment dates: |
| Department: | College/School: |
| FTE: always 0 | Term: |

Rationale in Support of the Secondary Appointment:

Consultative Process Including the Faculty in the Secondary Department:

Description of Expectations of the Individual Associated with the Secondary Appointment:

Statement from Primary Supervisor supporting the Secondary Appointment:

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| *PRIMARY DEPARTMENTDepartment Chair/Equivalent Signature Date* | *SECONDARY DEPARTMENTDepartment Chair/Equivalent Signature Date* |
| *PRIMARY DEPARTMENTAssistant Dean/Financial Manager Signature Date* | *SECONDARY DEPARTMENTAssistant Dean/Financial Manager Signature Date* |
| *PRIMARY DEPARTMENTDean Signature Date* | *SECONDARY DEPARTMENTDean Signature Date*  |
| *Faculty Services Signature Date* | *Provost’s Office Signature Date**Not applicable – Authority delegated to Deans as of 04/27/16* |