



# FACULTY SALARY RECOMMENDATION FORM (F-3)

For annual recommendations of salary for members of the faculty

Date \_\_\_\_\_

Revision (circle changes)

## SECTION I. PERSONAL INFORMATION

Name \_\_\_\_\_  
*Last* *First* *M*

Employee ID \_\_\_\_\_

U.S. Citizen?  Yes  No If no, Permanent Resident?  Yes  No If NO, HAVE THERE BEEN ANY CHANGES IN VISA STATUS? IF SO, NOTIFY OFFICE OF VISA SERVICES

## SECTION II. SALARY INFORMATION

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary Action  change  no change

Department \_\_\_\_\_

Rank/Title \_\_\_\_\_

If term appointment, please indicate Appt. End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Feb 1 or July 1)

Recommended Annual 10-month FTE Salary \$ \_\_\_\_\_ Present Annual 10-month FTE Salary \$ \_\_\_\_\_

If appointment is other than full-time academic year, please indicate in the space provided below:

Recommended Actual Salary \$ \_\_\_\_\_

Present Actual Salary \$ \_\_\_\_\_

Duty Time Fall \_\_\_\_% Spring \_\_\_\_% AY \_\_\_\_%

Duty Time Fall \_\_\_\_% Spring \_\_\_\_% AY \_\_\_\_%

5 months  10 months

5 months  10 months

If salary is to be charged in whole/part to other than general department account, indicate both accounts and amounts to be charged:

Account No. \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_ or FTE % \_\_\_\_\_

Account No. \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_ or FTE % \_\_\_\_\_

This recommendation, and the appraisal below, were approved in substance by  unanimous vote  majority vote at a meeting of the  professors  associate professors of the Department on \_\_\_\_/\_\_\_\_/\_\_\_\_

[In the case of part-time Lecturers, the Chair may act without formally consulting the department.]

\_\_\_\_\_  
Chair of Department

\_\_\_\_\_  
Chair of Joint Department (if applicable)

Entered By \_\_\_\_\_ Date \_\_\_\_\_  Approved  Apprv Modif  Not Approved Approved By \_\_\_\_\_ Date \_\_\_\_\_

### SECTION III. ADDITIONAL INFORMATION

Please attach statements including the following information:

1) **EFFECTIVENESS AS A TEACHER** — Recent developments, including strengths and weakness, as an

- Undergraduate lecturer, preceptor, classroom teacher, and/or supervisor of independent work;
- Graduate teacher.

Please describe criteria used for evaluation.

2) **QUALIFICATIONS AS A SCHOLAR** —

- Recent developments with respect to scholarly progress. On a separate sheet, list publications during past 2 years and manuscripts accepted for publication.
- Promise of further growth and productivity as a scholar.

3) **OTHER CONTRIBUTIONS** — Effectiveness of his/her contributions to the work of the department, e.g., as committee member, departmental representative, etc., and to the work of the university, e.g., on committees, as an underclass adviser, etc.

- For an assistant professor, please explain views in the department with respect to his/her prospects for reappointment and for promotion.
  - If no change in salary is recommended, please explain on separate sheet.
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