



Office of the Senior Vice President for Academic Affairs and Provost

DUAL CAREER ACADEMIC HIRE APPLICATION FORM

Name of Primary Hire: _____ Faculty Rank/Title: _____

College/Department: _____

Name of Secondary Hire: _____ Faculty Rank/Title: _____

College/Department: _____

Please attach justification for secondary hire request, and the plan for continued employment of the faculty member after Provost Office funding ends, or **acknowledgment that the faculty member has been informed that this position may not continue after the initial funding period.**

Is secondary hire qualified for a tenure or tenure-track or other faculty position? ___ Yes ___ No

Requested period of funding: ___ 1 year ___ 2 years

Amount of secondary hire salary: \$ _____ Anticipated hire date: _____

Approvals:

Department/Unit Chair of primary hire:

I will support secondary hire for (*check one*) ___ 1 year ___ 2 years in the amount of (salary) \$ _____ per year.

Name: _____ Title: _____

Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Department/Unit Chair of secondary hire:

I will support secondary hire for (*check one*) ___ 1 year ___ 2 years in the amount of (salary) \$ _____ per year.

Name: _____ Title: _____

Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Provost Approval:

The Provost will support secondary hire for (*check one*) ___ 1 year ___ 2 years in the amount of (salary) \$ _____ per year.

Signature: _____ Date: _____

Please submit hard copy to:

**Academic Fiscal Affairs
212 New College**