

UNIVERSITY OF ALASKA ANCHORAGE
MODEL MEMO FOR APPROVAL TO RE-APPOINT

(Italics indicate an option)

Date

TO: Provost

FROM: *Dean or Director*

RE: Approval to Re-Appoint Full-Time Faculty

I am requesting approval to re-appoint (*prospective faculty* to a (*full-time, one-year term, etc.*) appointment with a (*bipartite academic/bipartite vocational/tripartite*) workload assignment at the rank of (*term instructor/assistant/associate/professor*) of (*discipline, i.e., art, history, accounting, nursing, etc.*) in the School/College of _____ at (*community campus*) at a (*nine, ten, eleven, or twelve*) – month salary of _____. The appointment will be effective (*date*). We currently have the necessary PCN (*include the number*) and budget to cover the salary.

Explain why this position is essential for your unit.

contribute to the development of the program, including any particular expertise in teaching and/or research, specific special considerations or conditions applicable to the appointment of this applicant, and anything else which should be brought to the attention of the Provost).

If the salary requested is different from the current salary, please provide justification for the change.