Goldenrod Goldenrod Goldenrod Goldenrod Goldenrod Goldenrod Goldenrod Goldenrod Goldenrod Goldenrod

West Chester University of Pennsylvania

TEMPORARY FACULTY

ROLLOVER APPOINTMENT

I. Department Recommendation

1. Department: _____ WCU ID#_____

2. SAP Cost Center: _____

3. Name: _____ Courses to be taught: _____

☐ Full-Time ☐ Fall _____ (cr. hrs.) Start Date: _____

☐ Part-Time ☐ Spring _____ (cr. hrs.) End Date: _____

☐ Winter _____ (cr. hrs.)

☐ Summer _____ (cr. hrs.)

4. Reason for Appointment:

☐ Sabbatical replacement

☐ Sick/Family leave replacement

☐ Replacement of retiree

☐ Enrollment driven

☐ Replacement for faculty with administrative AWA

☐ Leave of absence replacement

☐ Resignation replacement

☐ Replacement for faculty receiving grant AWA

☐ Other _____

5. Department Chair: _____

II. Dean's Approval

Comp. #: _____ Rank & Step: _____

Signature: _____ Date: _____

cc. Human Resources, APSCUF, Dean

Rev. 10/13

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