

Mount Allison University

Part-Time Faculty Recruitment Authorization

POSITION AUTHORIZATION

Date: _____

Department: _____			Course Name: _____		
Course Number: _____		Class Size: _____		Contact Hours: _____/wk	
Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Fall & Winter	<input type="checkbox"/> Other _____	
Stipend:	<input type="checkbox"/> 3 credit	<input type="checkbox"/> 6 credit	<input type="checkbox"/> 3 credit plus lab	<input type="checkbox"/> Other (Please specify): _____	
External Advertising Requirements (if applicable): _____					
Justification for Funds: _____					
Replacement Details (if applicable): _____					
APPROVALS: (Note: A copy of the posting must be attached)					
_____ Dean		_____ Budget Manager		_____ Vice-President (Academic & Research)	
_____ Salary Account Number					

APPOINTMENT AUTHORIZATION

Date: _____

Recommended Candidate: _____			Start Date: _____			
Teaching Schedule:	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	Class Start Time: _____
Lab Schedule (if applicable):	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	Lab Start Time: _____
Travel Allowance (minimum 50 km one way): <input type="checkbox"/> Yes <input type="checkbox"/> No			Departure Point: _____			
APPROVALS: (Note: A resume must be attached for new hires)						
_____ Dean		_____ Human Resources				