

REQUEST REAPPOINTMENT

(This form is used for the following ranks)

ADJUNCT, VISITING, GUEST or CONCURRENT (only for a paid concurrent appointment)
and for
SPF's with changes in SPF duties.

**This form is not necessary if there are no changes in SPF duties. You may request a reappoint via e-mail to:
Associate Dean Peter Holland @ pholland@nd.edu**

TO: Rob Becht
Senior Director, Finance & Administration
100 O'Shaughnessy Hall

Date: _____

Name: _____ **Dept. & Employing org. #:** _____

NDID (9 digit) _____

If employed elsewhere at ND, where: * _____ **rank:** _____

***Chair/Director signature from primary appointment REQUIRED:** _____

Current rank: _____ **Highest academic credential:** _____

Begin Date: _____ **End Date:** _____ **Rate per course:** _____ **Total salary :** _____

Foapal(s) to be charged if other than Dean's office: _____

If restricted, RSPA Accountant assigned to account: _____

Reason for this appointment:

Courses to be taught:

Credit Hours:

This appointment is subject to enrollment: ___ Yes / ___ No

Department Chair Signature

Sr. Director, Finance & Administration