

CNR LECTURER APPOINTMENT/REAPPOINTMENT FORM

Candidate name ☐ Has PhD Department teaching credits at start of appointment
 Proposed job code Proposed step Proposed annual salary

Note: The MOU requires a two-increment increase upon reappointment to a 7th semester in the same department to a lecturer who has not received a prior within-range salary increase of at least two increments. In *exceptional* cases a larger-than-normal increase may be considered. This will require a full review, including summary of teaching evaluations compared to department average and justification based on some or all of the following elements: classroom performance, development of new and effective teaching techniques and continued growth in the field.

Workload calculation

☐ Workload the same as last appointment (if checked skip workload calculation section)

Semester Year Course number Number of units

Course name

Primary Workload	<input type="text"/>	Percent	Total percent
Additional Workload	<input type="text"/>	Hours	<input type="text"/>
Additional Workload	<input type="text"/>	Hours	Percent
Additional Workload	<input type="text"/>	Hours	Percent
Additional Workload	<input type="text"/>	Hours	Total pay
Additional Workload	<input type="text"/>	Hours	<input type="text"/>

Departmental need (faculty on leave, GSI unavailable, etc.)

Assessment of candidate's performance (required before reappointment to 7th semester)

Funding source - Validated chartstring required

	Percent	BU	Account	Fund	Org	Program	Project	Flex
1	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>	

Funding for this reappointment is coming from

☐ Departmental TAS allocation ☐ Supplemental TAS request ☐ Departmental funds ☐ Other

Department Prepared by Chair signature _____ Date _____

Dean's office use only

Funding source approval signature Assistant Dean Lane _____ Date _____

Appointment approval signature Associate Dean Feldman _____ Date _____