

# 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 7<sup>th</sup> 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		Percent		Total percent
Additional Workload	<input type="text"/> Hours	Percent	<input type="text"/>	<input type="text"/>
Additional Workload	<input type="text"/> Hours	Percent	<input type="text"/>	
Additional Workload	<input type="text"/> Hours	Percent	<input type="text"/>	
Additional Workload	<input type="text"/> Hours	Percent	<input type="text"/>	
Additional Workload	<input type="text"/> Hours	Percent	<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 _____