

APPENDIX A: CHECKLIST FOR SHARED APPOINTMENTS

DATE:

CANDIDATE:

TITLE:

PRIMARY DEPARTMENT:

SECONDARY DEPARTMENT:

1. TEACHING LOAD Please use percentages for workload and credit hours.

Primary Unit: Fall: Spring:

Secondary Unit: Fall: Spring:

Percent of Credit Hours: Primary: Secondary:

2. BUDGETARY OBLIGATIONS Please use percentages.

Primary Unit: Responsible for % of Line

Secondary Unit: Responsible for % of Line

3. FACULTY MEETINGS AND VOTING

Primary Unit:

Attending Meetings? Yes No

Vote? Yes No

Secondary Unit:

Attending Meetings? Yes No

Vote? Yes No

4. RESEARCH RESPONSIBILITIES Please use percentages for workload, awards and grants.

Primary Unit: Secondary Unit:

Distribution of Credits for Awards:

Indirect Cost Recovery on Grants:

Primary unit will receive % Secondary unit will receive %

5. ADMINISTRATIVE LOAD Please use percentages, if applicable.

Primary Unit: Secondary Unit:

6. TENURE/CONTINUING STATUS HOME:

7. SERVICE RESPONSIBILITIES Please use percentages.

Primary unit will expect : Secondary unit will expect:

8. PEER EVALUATIONS

Committee will be composed of the peer review committee from the primary unit and at least one member of the secondary unit.

Evaluation criteria Please use percentages for teaching, research, and service.

Primary Unit:	Teaching	Research	Service
Secondary Unit:	Teaching	Research	Service

9. PROBATIONARY, TENURE/CONTINUING STATUS AND PROMOTION REVIEWS

Tenure/continuing status is held in the primary academic unit. Review committees will be composed of members of the tenure/continuing status and promotion committee of the primary unit and at least one member of the secondary unit. A single dossier will be forwarded to the dean.

10. OFFICE SPACE AND ADMINISTRATIVE SUPPORT:

Office is provided by the primary unit or secondary unit.

Administrative support is provided by the primary unit or secondary unit.

Travel funds are provided by the primary unit or secondary unit. Normally \$ are provided in travel funds. Travel funds typically are for the following purposes:

11. ADDITIONAL CONSIDERATIONS

SIGNATURES – PRIMARY UNIT

_____	_____	_____
<small>Signature, Department Head</small>	<small>Print Name</small>	<small>Date</small>

SIGNATURES – SECONDARY UNIT

_____	_____	_____
<small>Signature, Department Head</small>	<small>Print Name</small>	<small>Date</small>