

The Richard Stockton College of NJ

Date: _____

Faculty Candidate Summary: _____

Candidate Name

Position #	New Line <input type="checkbox"/>	Replacement <input type="checkbox"/>	Structural Reclassification <input type="checkbox"/>
Funding Source			
Needed \$ Amount			
Available \$ Amount			

Position _____ Start Date: _____

Position # _____ Range & Step _____ Salary _____

School: _____ Program: _____

Education	Experience
_____	_____
_____	_____
_____	_____

Approval for Initial Appointment

Supervisor's Comments:

Supervisor's Signature & Date

Provost's Comments:

Provost's Signature & Date

Director, Human Resources Signature & Date

Affirmative Action Officer's Signature & Date
(Confirmation of Compliance)

President's Comments:

PRESIDENT'S RECOMMENDATION/DECISION

_____ Recommended to Board of Trustees for approval

_____ Not Recommended to Board of Trustees for approval

President's Signature & Date