**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**

**FACULTY REQUISITION**

**SECTION I.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | |
| Position #: |  | | Reports to: | |  | | | |
| Citizenship: |  | Work Permit if non-U.S. citizen:  Yes  No | | | | If *Yes*, type: | |  |

Offer letter should be mailed to:

|  |  |  |  |
| --- | --- | --- | --- |
| a. |  |  |  |
|  | Last Name | First Name | Initial |

|  |  |  |
| --- | --- | --- |
| b. |  |  |
|  | Number and Street | City, State and Zip Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION II.** |  | $ | /month |  |
| Proposed Rank: |  | $ | /year |  |
|  | Rank | Dollar Amount | | Department |

**SECTION III.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. | Effective Appointment Date |  |  |  |
|  |  | Quarter | Year | If not at beginning of quarter, specify other date. |

b. Type of Appointment: (Check one)  Probationary  Lecturer Until Terminal Degree  Lecturer  Tenure

c. If a probationary appointment, what credit, if any, is to be granted for prior service:

None  One year credit  Two years credit

|  |  |  |
| --- | --- | --- |
| d. | If credit granted for previous service, at what institution: |  |

e. If a Lecturer appointment, specify length:

|  |  |  |  |
| --- | --- | --- | --- |
| One quarter | Two quarter | Other, specify |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| f. | Is reimbursement provided for relocation costs | Yes (Amount) | $ | No |
|  | If yes, source (include chartfields): | | | |

**SECTION IV.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Highest degree claimed: | |  | | Who at CSUB verified degree: |  |
| b. | How was degree verified: | | |  | | |
| c. | If the candidate has been previously employed at any other CSU campus, which officials at that campus have been | | | | | |
|  | consulted: |  | | | | |

**SECTION V.** SPECIAL RESERVATIONS OR CONDITIONS

REQUESTED IN APPOINTMENT LETTER

|  |
| --- |
|  |
|  |

**SECTION VI.** SIGNATURES OF APPROVAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Chair | Date |  | Dean | Date |  | Provost | Date |

**Attach:**  Checklist  FHI form  Vacancy Announcement  Search Committee letter  Vita/Resume File

3 letters of recommendation  Transcripts for Highest Degree  Dean’s letter, if needed

**Distribution:** HRS File (1 copy) Department (1 copy) Academic Affairs (Original)