

**TRANSMITTAL FOR
NEW NAMED FACULTY APPOINTMENT**
Do NOT use this form for renewal of an existing Named Faculty Appointment.

Today's Date _____

Appointee's Name _____

College _____

Department _____

Named Appointment Title _____

Appointment Type Departmental College Campus/University

Current Illinois Faculty Member? Yes No, External Candidate

Effective Date _____ Term of Appointment _____ years

Renewable? Yes No

TOTAL ANNUAL FUNDING: \$ _____

Of the total funding, provide the portion allocated to the following (only where applicable):

\$ _____ \$ _____ \$ _____
Discretionary Funds Salary Supplement/Stipend Toward Base Salary

APPROVALS:

Unit Executive Officer Signature _____ Date _____

Typewritten Name _____

College Dean Signature _____ Date _____

Typewritten Name _____

Provost/Designee Signature _____ Date _____

Required Attachments:

- Completed Transmittal form
- Dean's memo/letter supporting the case
- Unit Executive Officer's memo/letter summarizing the case, including:
 - Prerequisites of the named appointment
 - Description of the process used for selection
 - Case for distinction
- Current curriculum vitae
- Summary of qualifications of external authorities
- Letters from distinguished external authorities

Provost's Office Use

Route Approval to:

Unit EO _____

Unit EO Staff _____

College Dean _____

College Dean Staff _____

Provost's Office _____

Others _____

Appointment Expiration Date _____