

EFFDT	ACTION	REASON	
1. _____	_____	_____	DATE SUBMITTED
2. _____	_____	_____	
3. _____	_____	_____	
POSITION	OF TOTAL	POSITION(S)	

## NOMINATION FORM

NAME Prefix _____ Suffix _____	OFFICE PHONE _____	SOCIAL SECURITY NO. _____	
Last, First Middle _____	HOME PHONE _____	ADMIN DEPT NAME _____	
	MOBILE PHONE _____	ADMIN DEPT NO. _____	
WORK LOCATION _____		CHECK SEQ. CODE _____	

<b>OFFICE ADDRESS</b>  ADDR LINE 1 (RM & BLDG): _____ ADDRESS LINE 2: _____ ADDR LINE 3 (MAIL CODE): _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____	<b>HOME ADDRESS (Perm)</b>  ADDRESS LINE 1: _____ ADDRESS LINE 2: _____ ADDRESS LINE 3: _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____
<b>MAILING ADDRESS (Curr)</b>  ADDRESS LINE 1: _____ ADDRESS LINE 2: _____ ADDRESS LINE 3: _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____	

<b>PERSONAL</b>  GENDER: _____ BIRTHDATE: _____  MARITAL STATUS* _____ MARITAL STATUS DATE: _____  <b>ETHNICITY / RACE* (2 questions)</b> HISPANIC OR LATINO? YES    NO AMERICAN INDIAN/ALASKA NATIVE    ASIAN BLACK OR AFRICAN AMERICAN    WHITE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER    NOT DISCLOSED	<b>VISA</b> US CITIZEN    YES    NO  VISA TYPE: _____ EXPIRATION DATE: _____ PERM RES REG NO. _____ I-9 COMPLETED YES    NO    DATE CU COMPLETED _____ AA CLEARANCE _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____
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EDUCATION			
HIGHEST DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE
ACTUAL DEGREE	DEGREE TYPE	SCHOOL	DATE

<b>TENURE:</b>  TENURE STATUS _____  TENURE EFFECTIVE DATE _____ (REQ'D FOR 1 OR 2 ONLY)	<b>COMPLETE UNIVERSITY TITLE</b>  <div style="border: 1px solid black; height: 100px;"></div>
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POSITION / SALARY INFORMATION	
POSITION NUMBER: _____ POSITION TITLE: _____ POSITION DEPT NO.: _____ POSITION DEPT NAME: _____ APPOINTMENT EFFECTIVE DATE: _____ APPOINTMENT END DATE: _____	PERIOD/CONTRACT SALARY: _____ FULL BASE SALARY: _____ ANNUAL/HOURLY RATE: _____ FULL-TIME    PART-TIME SALARY TYPE    CNTRCT    NAANNL

LEAVE OF ABSENCE			
LEAVE ACTION _____	LEAVE REASON _____	PARTIAL PAY    YES    NO	
LEAVE BEGIN DATE _____	LEAVE END DATE _____	EXPECTED RETURN DATE _____	

<b>COMMENTS:</b>
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AUTHORIZATIONS / APPROVALS: EVP/DEAN			
NAME _____	DATE _____	NAME _____	DATE _____
CHAIR / DIRECTOR _____		PROVOST _____	
NAME _____	DATE _____	NAME _____	DATE _____
VP / DEAN _____		HRPC _____	

PLEASE TYPE