

AAUP EMERGENCY APPOINTMENT

CENTRAL CONNECTICUT STATE UNIVERSITY

(Pursuant to Article 4.8.2 of AAUP Contract)

A copy of the approved AAP 1 form must be attached to this form when submitted.

1. DEPARTMENT _____ PCN _____

2. DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

4. POSITION VACATED BY: _____ DATE _____ NEW POSITION _____

THE CANDIDATE SHALL NOT BE OFFERED THE POSITION UNTIL THIS FORM AS BEEN RETURNED TO THE DEPARTMENT WITH ALL REQUIRED SIGNATURES . IF THE CANDIDATE IS A NEW EMPLOYEE, PLEASE ATTACH A COPY OF CANDIDATE'S RESUME AND OFFICIAL TRANSCRIPTS. IN ADDITION, ALL NEW EMPLOYEES MUST FILL OUT A BACKGROUND INVESTIGATION CONSENT FORM (FACULTY) AND THE CCSU EMPLOYMENT APPLICATION, WHICH CAN BE FOUND AT <http://www.ccsu.edu/HumanResources/formsindex.html>

NAME OF CANDIDATE

PROPOSED RANK

START DATE

END DATE

SALARY

Special terms or conditions: _____

This form should be routed to Human Resources after all signatures are affixed. Human Resources will prepare the letter of appointment.

1. _____ DEPARTMENT/UNIT HEAD _____ DATE _____ 3. _____ PROVOST/EXECUTIVE OFFICER _____ DATE _____

2. _____ DEAN/DIRECTOR _____ DATE _____