Northern Kentucky University **FACULTY APPOINTMENT FORM**

epartment:			
College/Division: Email:		Discipline: Fund Center 1: Fund Center 2: Employee ID: Highest Degree: Mandatory Tenure Year : Salary: Position #:	
Fiscal Year	PT	AY:	10 Equal Monthly Payments* (Pay received August - May)
Tenured: Professor	Non-tenure Track: Renewable		12 Equal Monthly Payments ——
Associate Professor	Temporary	FY:	12 Payments
Fenure Track: Associate Professor Chase) Assistant Professor	Non-tenure Track Rank:		
OTHER: Details (ie. Special Conditi	ons or Remarks/Changes in Employr	nent etc.)	
			newed for the next academic year (whether non- June 30th (or December 31st if I do not return
Appointee	Date	Provost	Date

Academic Year – 10 Payments (Academic year faculty members only). I hereby authorize NKU to pay my salary in 10 equal monthly installments, August through May. I understand that coverage for my Health Insurance, Dental, Vision, Optional Life and Short Term Disability Insurance may be continued through the months of June and July. I authorize NKU to withhold an additional amount during the months of August-May to cover the cost of insurance(s) for the months of June/July. In the event my appointment is not renewed I understand that I may receive a refund of an overpaid premium.