# Faculty Opportunity Fund

*We are requesting university assistance for:*

Name of faculty member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current or proposed rank and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select one:**

 **NEW FACULTY RECRUIT**

*\*Note: funding is only available for faculty members newly recruited within the past six*

*months.*

Proposed academic base salary of faculty member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated appointment date of recruited faculty (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETENTION OF EXISTING FACULTY**

*\*Note: funding is only available for existing faculty members being retained in response to an*

*outside offer.*

Incremental increase in academic base salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside institution making competing offer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST OF OTHER INFORMATION**

□ Attach CV of the faculty member being recruited/retained.

□ Please provide a memo stating the reason(s) for the request. In particular, please describe

how the particular qualifications and strengths of the faculty member will/does enhance the

academic excellence, breadth, and diversity of the faculty.

**SCHOOL APPROVALS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **DEPARTMENT CHAIR/ASSOCIATE DEAN** *Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **DEAN** *Date*

**PLEASE RETURN THE COMPLETED FORM AND ATTACHMENTS TO:**

**The Office of Academic Affairs (FAPD)**

For Internal Use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **Vice Provost for Faculty**  *Date*

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Signature of **Chief of Academic Finance and Planning** *Date*

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Signature of **Provost** *Date*