

Complete and send to:

College of Engineering ATTN: Human Resources

Box 352180

2. DEPARTMENT CONTACT:	
EMAIL:	
4. Faculty Vote:	
delegated authority to appoint YES NO ABSENT ABSTAIN	nmittee has
6. APPROVAL:	
appointee's home department director concur l	y signing below:
Home Department Director Signature	Date
X	Date
	DEPARTMENT: PHONE: EMAIL: BOX #: 4. Faculty Vote: Check here if Dept chair or condelegated authority to appoint YES NO ABSENT ABSTAIN TOTAL 6. APPROVAL: X Chair Signature To appoint a UW staff member to an Affiliate titappointee's home department director concurbed August 1975 X Home Department Director Signature X Home Department Director Signature

A note about this appointment:

- This title requires qualifications comparable to those required for appointment to the corresponding faculty rank. If the appointee does not have a Ph.D. (only a Master's Degree and experience) the appointment must be made at the Affiliate Instructor level.
- Affiliate appointments are generally courtesy titles used to document academic affiliations of faculty members at other universities, or individuals from industry who do not hold a faculty title.
- Affiliate appointments are annual and should be considered for reappointment each year by the faculty and/or Chair
 of the department.

REMINDERS:

□CV

- Have you sent I-9, W-4, etc. to the Payroll Office, Box 355655?
- Did the appointee complete the Affirmative Action Data Form on-line?
- Did you retain one copy of this documentation for department files?
- Did you review new hire & orientation procedures for your department?