

AMERICAN UNIVERSITY OF BEIRUT
RECOMMENDATION FOR APPOINTMENT

Date _____

TO: Director of Human Resources

(First Name) (Middle Name) (Last Name)

Address _____

To the position of _____
(Title)

Effective date _____ Termination date _____

New Position or replacement of _____ Renewal

Period of annual service required: 9 months 11 months other _____

Nature of Appointment: F.T. P.T. %

Proposed Annual Salary \$ _____ L.Leb. _____
Special Payment _____
Supplement and or other, if any _____
Total Remuneration _____

(Full Time appointment)

(If P.T. Show full time Salary)

Additional Benefits Recommended:

Travel _____
(Specify points of travel to & from Beirut for appointee, spouse and eligible
dependent children)

Standard Baggage Standard Furniture Loan Education of Children

Other allowances, if any (explain) _____

Eligible for _____
Retirement Program (Plan A or Plan B) (HIP Medical Care) (U.S. Social Security)

Account to be charged _____
For Budget Approval)

If the Recommended remuneration is greater than the approved budget, the President's approval to transfer the addition fund from Salary Increase provision of the cost center is required.

Recommendation for Appointment

Nationality of Candidate _____

Any other Nationality _____

Nationality of Spouse _____

Candidate's Age _____ Date of Birth _____ Married Single Other _____

Family Status: Number of Family members coming to Beirut (include spouse and dependent children)

Name	Age	Date of Birth

Remarks _____

I have explained these terms to the appointee who has indicated his/her intention to accept them. I have made it clear that the terms become effective only when confirmed by signed contract, and after appointee has passed a physical examination.

Signature of Recommending Dean/Officer

Approved:

Provost

Budget Approval:

Comptroller

Date

Submit in duplicate with supporting letters and documents; copy to be returned to Office of the Dean with the signed letter of Appointment.