

AMERICAN UNIVERSITY OF BEIRUT
RECOMMENDATION FOR ACADEMIC APPOINTMENT (Full Time)

TO: Director of Human Resources

Date: _____

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

Address _____

Department _____

To the position of _____
(Title)

Effective date _____ Termination date _____

New Position 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. _____

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)

Supervisor's Name _____

Supervisor's ID Number _____

1	Fund Class	Fund Source	Account	Org.	Function	Program	Activity

Sequence	Percent %

1	PTAEO Project	PTAEO Task	PTAEO Award	PTAEO Expense	PTAEO Org.
Benefits					

Date From	Date To

Fill the Benefits PTAEO if different than the Pay PTAEO

2	Fund Class	Fund Source	Account	Org.	Function	Program	Activity

Sequence	Percent %

2	PTAEO Project	PTAEO Task	PTAEO Award	PTAEO Expense	PTAEO Org.
Benefits					

Date From	Date To

Fill the Benefits PTAEO if different than the Pay PTAEO

3	Fund Class	Fund Source	Account	Org.	Function	Program	Activity

Sequence	Percent %

3	PTAEO Project	PTAEO Task	PTAEO Award	PTAEO Expense	PTAEO Org.
Benefits					

Date From	Date To

Fill the Benefits PTAEO if different than the Pay PTAEO

_____ Date of Previous Employment at AUB

_____ AUB ID Number

Recommendation for Appointment

Nationality of Candidate _____ Green Card _____

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.

Approved:

Budget Approval:

Comptroller

Date

N.B Submit in duplicate with the supporting documents.

Copy of the recommendation will be returned to Office of the Dean with the signed letter of Appointment.