

# AMERICAN UNIVERSITY OF BEIRUT

## RECOMMENDATION FOR NON-ACADEMIC APPOINTMENT

TO: Director of Human Resources

Date: \_\_\_\_\_

\_\_\_\_\_  
 (First Name) (Middle Name) (Last Name)

To the position of: \_\_\_\_\_  
 (Title)

Grade: \_\_\_\_\_

Effective date: \_\_\_\_\_ Termination date (if applicable): \_\_\_\_\_

New Position  Replacement of \_\_\_\_\_ Renewal

Promotion  Transfer

AUB ID Number (if previously employed at AUB): \_\_\_\_\_

Salary will be determined in coordination with HR (L.L.): \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's ID Number \_\_\_\_\_

Additional Benefits Recommended: If any (explain) \_\_\_\_\_

\_\_\_\_\_

(For Budget Approval)

| <b>1</b> | Fund Class | Fund Source | Account | Org. | Function | Program | Activity |
|----------|------------|-------------|---------|------|----------|---------|----------|
|          |            |             |         |      |          |         |          |

| Sequence | Percent % |
|----------|-----------|
|          |           |

| <b>1</b>        | PTAEO Project | PTAEO Task | PTAEO Award | PTAEO Expense | PTAEO Org. |
|-----------------|---------------|------------|-------------|---------------|------------|
|                 |               |            |             |               |            |
| <b>Benefits</b> |               |            |             |               |            |

| Date From | Date To |
|-----------|---------|
|           |         |

| <b>2</b> | Fund Class | Fund Source | Account | Org. | Function | Program | Activity |
|----------|------------|-------------|---------|------|----------|---------|----------|
|          |            |             |         |      |          |         |          |

| Sequence | Percent % |
|----------|-----------|
|          |           |

| <b>2</b>        | PTAEO Project | PTAEO Task | PTAEO Award | PTAEO Expense | PTAEO Org. |
|-----------------|---------------|------------|-------------|---------------|------------|
|                 |               |            |             |               |            |
| <b>Benefits</b> |               |            |             |               |            |

| Date From | Date To |
|-----------|---------|
|           |         |

|          |                   |                    |                |             |                 |                |                 |
|----------|-------------------|--------------------|----------------|-------------|-----------------|----------------|-----------------|
| <b>3</b> | <b>Fund Class</b> | <b>Fund Source</b> | <b>Account</b> | <b>Org.</b> | <b>Function</b> | <b>Program</b> | <b>Activity</b> |
|          |                   |                    |                |             |                 |                |                 |

|                 |                  |
|-----------------|------------------|
| <b>Sequence</b> | <b>Percent %</b> |
|                 |                  |

|                 |                      |                   |                    |                      |                   |
|-----------------|----------------------|-------------------|--------------------|----------------------|-------------------|
| <b>3</b>        | <b>PTAEO Project</b> | <b>PTAEO Task</b> | <b>PTAEO Award</b> | <b>PTAEO Expense</b> | <b>PTAEO Org.</b> |
|                 |                      |                   |                    |                      |                   |
| <b>Benefits</b> |                      |                   |                    |                      |                   |

|                  |                |
|------------------|----------------|
| <b>Date From</b> | <b>Date To</b> |
|                  |                |

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/Director

Approved:

Budget Approval:

\_\_\_\_\_

\_\_\_\_\_  
Comptroller

\_\_\_\_\_  
Date

**N.B.: Submit with this form the Job Description of the position**