



# SOUTHERN ARKANSAS UNIVERSITY

## Contract Origination Form for New Faculty/Nonclassified Staff

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address to mail contract to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Rank and/or Title: \_\_\_\_\_

Length of Contract: \_\_\_\_\_ months Salary (annualized): \_\_\_\_\_

Please check one: Tenured: \_\_\_\_\_ Tenure Track: \_\_\_\_\_ Non-tenure track: \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

College/Department Name: \_\_\_\_\_

Unit/Department/Account # (paid from): \_\_\_\_\_

Degree level:

<u>Degree</u>	<u>Major Awarded</u>	<u>University Attended</u>	<u>State</u>	<u>Year Awarded</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prorated calculation (if contract is not for a full year): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Chair/Dean: \_\_\_\_\_

Vice President: \_\_\_\_\_

President's Initials: \_\_\_\_\_