



West Chester University of Pennsylvania

TEMPORARY FACULTY

ROLLOVER APPOINTMENT

****Process this form to continue a temporary faculty member from one semester to the next. An individual cannot be rolled-over if their initial appointment was a result of an emergency hire.***

I Department Recommendation

1. Department: _____

2. SAP Cost Center: _____

3. Incumbent Name: _____ WCU I.D. # _____

4. Appointment Data: Courses to be taught: _____
 Full-Time Fall _____ (cr. hrs.) Start Date _____
 Part-Time Spring _____ (cr. hrs.) End Date _____

5. Reason for Appointment:

- Sabbatical replacement
- Sick/Family leave replacement
- Replacement of retiree
- Enrollment driven
- Replacement for faculty with administrative AWA
- Leave of absence replacement
- Resignation replacement
- Replacement of faculty receiving grant AWA
- Other

6. Department Chair: _____

II. Dean's Approval

Comp. #: _____ Rank & Step: _____

Signature: _____ Date: _____

III. Provost's Approval

Signature: _____ Date: _____

cc. Human Resources, Social Equity, APSCUF, Dean, Provost