

Fourteen (14) Week Summer Appointment Form

To: _____
Dean/Chair

From: _____
Faculty

I hereby apply for 14 weeks of additional support during the period _____ to _____ in addition to my academic year (38 week appointment) for 2011/2012.

I expect fully to meet the obligations of my academic year appointment and understand that If this request is granted, I will forgo the opportunity for any vacation this summer.

Faculty Signature / Printed Name

Date

Dean/Chair Acceptance

Date