



# Faculty Excellence

## Joint and Secondary Joint Appointment Approval Form

Name of Appointee: \_\_\_\_\_ EmplID: \_\_\_\_\_

Current UCF Unit Affiliation (Home Unit): \_\_\_\_\_

Proposed Additional UCF Unit (Host Unit): \_\_\_\_\_

Expiration Date of Appointment (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Requestor/Supervisor (Host Unit): \_\_\_\_\_ Requestor/Supervisor's EmplID: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

Appointment Type (check one):  Joint (salary shared)  Secondary Joint (salary not shared)

Will the appointee be an instructor of record for credit-bearing courses?  Yes  No  
*If yes, please submit an electronic teaching certification in the Faculty Qualifications Management System (FQMS)*

Is graduate education participation expected in the host unit?  Yes  No  
*If yes, mark the appropriate box below:*  
 Currently Graduate Faculty or Graduate Faculty Scholar  
 [Nomination and Appointment to Graduate Faculty and Graduate Faculty Scholars form](#) submitted to the College of Graduate Studies

Is the appointee currently in-unit?  Yes  No

Percentage of effort (FTE) distribution for each unit: *(For Joint Appointment, a funding or home department may be provided for the host unit. For Secondary Joint Appointment, a home department should be provided.)*

Primary Home Unit:  
Department: \_\_\_\_\_ Percentage/FTE: \_\_\_\_\_

Host Unit:  
Department: \_\_\_\_\_ Percentage/FTE: \_\_\_\_\_  
Department: \_\_\_\_\_ Percentage/FTE: \_\_\_\_\_

### Approvals:

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature

Host Dept./Unit: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chair, director, or cluster lead) Print Name Signature

Host College/Area: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean or VP) Print Name Signature

Home Dept./Unit: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chair or director) Print Name Signature

Home College/Area: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean or VP) Print Name Signature

Other Dept./Unit if appropriate: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chair or director) Print Name Signature

Other College/Area if appropriate: \_\_\_\_\_ Date: \_\_\_\_\_  
(Dean or VP) Print Name Signature