



Waiver Request Information Form

This completed form is to be submitted when the unit files for a waiver request. The information provided on this sheet will be used to draft the request. When submitting this form, send the candidate's CV as well. Please attach additional sheets if necessary.

Submitted By: _____

OOA: _____

Campus: _____

School/RC:

Department:

FTE: _____

Title (Example: Clinical Associate Professor of Nursing, Assistant Professor of Mathematics, Lecturer of Fine Arts, etc)

Salary Grade: _____

Recommending Offer To (Insert Faculty Member Name):

Salary: _____

Position: _____

Position #: _____

Expected Start Date: _____

Expected End Date: _____

Appointment Status:

Waiver Circumstances:

Detailed Explanation:

Department Admin Comments