



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

PROPOSAL FOR APPOINTMENT OF TEMPORARY AND/OR PART-TIME STAFF

Each Section of this form MUST be completed for ALL requests BEFORE submission.

Dates should be provided in the format dd/mm/yyyy.

Please ensure to select 'print on both sides' when printing this form.

A POSITION DATA

Department:

Reports to: Position Incumbent

Post: Title Level F/T P/T

Course (where applicable): Code Title

Total Required Hours: Salary (TT\$): per month/hour/session
(Part-time Appointments) (Please delete appropriately)

Start Date: Termination Date:

Rationale for Appointment

- A letter providing detailed justification **MUST** be attached to this request form for **EACH** of the following instances:
 - if the position is new;
 - if the position is outside of the Departmental establishment; and/or
 - if the appointee is NOT a registered graduate student of The UWI (T/G/RA's only).
- For **all** academic appointments, further evidence must be provided that full-time members of staff in the same area are carrying full teaching loads.

B PROPOSED APPOINTEE (For **ALL** new persons, a completed Job Application form and CV **MUST** accompany this form.)

Name (Last, First): Prefix:

Date of Birth: Country of Birth: Nationality:

UWI Staff ID #: Last UWI Salary (TT\$): per month/hour/session
(where applicable) (Please delete appropriately)

Please tick as applicable. **NOTE WELL that full-time Graduate Students may NOT normally hold full-time posts.**

Is the nominee registered as a graduate student? Yes No

If "Yes":- please select the relevant programme: MA MSc MPhil PhD

- please indicate current status: F/T P/T

Changes to Curriculum Vitae (for re-appointments *only*. Please complete in reverse chronological order.)

| <u>Degree</u> (include Major & Class) | <u>Institution</u> | <u>Year</u> |
|---------------------------------------|--------------------|-------------|
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |

| <u>Post Held</u> | <u>Institution</u> | <u>Period(s) Held</u> | |
|------------------|--------------------|-----------------------|-----------|
| | | <u>From</u> | <u>To</u> |
| 1. | 1. | 1. | |
| 2. | 2. | 2. | |
| 3. | 3. | 3. | |

For Official Use Only

Recommended: *Head of Department* Date:

Approved: *Faculty Dean* Date:

.....

Funds are/are not available for this request. *(delete appropriately)*

| <u>Fund</u> | <u>Organization</u> | <u>Account</u> | <u>Programme</u> |
|-------------|---------------------|----------------|------------------|
| | | | |

..... *Bursary Official* Date:

This appointment is/is not approved. *(delete appropriately)*

..... *Campus Principal or Designate* Date:

For HR Use Only

| Supporting documents received: | YES | NO | N/A |
|---|-----|----|-----|
| Completed Job Application form | | | |
| Curriculum Vitae | | | |
| Certificates of Education | | | |
| Completed Work Permit Application form and supporting documents | | | |
| Certificate of Recognition | | | |
| Satisfactory Medical Report | | | |

Revised 2009 July 14

The Registry
 Human Resources Division
 The University of the West Indies
 St. Augustine
 /ag