



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