COLLEGE OF ARTS AND SCIENCES REQUEST FOR ADMINISTRATIVE STAFF CONTRACT Name of Candidate_______BGSU ID#_____ Address (where contract is to be sent) Position#_____ Job Opening #_____ Incumbent/Functional Description _____ TERMS OF CONTRACT: Title Salary \$____ Contract Period (check one box only) ☐ Academic Year ☐ Fiscal Year ☐ Other (specify dates):______ Funding (check one box only) □ Department#_____ OR □ Grant/External Funds#_____ **Special Instructions:** Date Signature, Chair/Director Department /School Signature, Dean Date For A&S Office use only: Fund#:______ DEPT#: ______ Cash: \$ ______ OPERS: \$ _____ Total: \$ FTE: ______% Please print on green paper