

**HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668**

REQUEST FOR CONTRACT

NAME: _____
(Indicate Mr., Ms., Mrs., or Dr.) (First) (Middle) (Last) SSN (last four digits only)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: HOME/CELL: _____ WORK: _____
(Area Code/Number) (Area Code/Number)

Email Addresses: _____
Prospective Faculty Member Department Chairperson Department Secretary

POSITION STATUS (Check the appropriate blank):

____ New Slot **OR** ____ Replacement for (Name) _____ *\$ _____

CONTRACT TYPE (Check the appropriate blank):

____ Temporary Appointment/Annual Candidate's salary request \$ _____
____ Probationary Appointment/Tenure Track Dean's salary request \$ _____
____ Tenure

CITIZENSHIP

____ U.S. **OR** ____ Other

THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

- ____ Documentation of Faculty Qualifications Form
- ____ Resume/Curriculum Vitae
- ____ Hampton University Application for Faculty Employment
- ____ Voluntary Self-Identification of Disability Form
- ____ Race and Gender Voluntary Disclosure Form
- ____ Invitation to Self-Identify (VEVRAA)
- ____ Official Transcript(s) of highest degree (Please submit a copy until the official transcript is received)
- ____ Letters of Reference (Three originals)
- ____ **Pages 19 and 20** of the Intellectual Property Rights document as well as the Acknowledgement page
- ____ Faculty Interview Sheet
- ____ New Faculty Information Sheet (must be fully executed)
- ____ Background Check Form
- ____ State Tax Form (VA-4)
- ____ Federal Tax Form (W-4)
- ____ I-9 Form to include appropriate identification documents
- ____ Citizenship Verification Form (Individuals who are not U.S. Citizens should complete the Citizenship Verification form. This form must be completed before the hiring process can begin. An individual's contract should not extend beyond the expiration of his or her VISA.)
- ____ Copy of Position Announcement

Title: _____ Marketplace \$ _____
(Rank) (Department/Area)
*Contract Amount \$ _____

Departmental Budget Number _____
(The salary will be charged to this account) Index Fund Org. Account Program

Contract period: Beginning Date: _____ Ending Date: _____
____ 1st Semester ____ 2nd Semester ____ 9 month ____ 12 month ____ Other (Specify) _____

Request submitted by:

_____ Chairperson	_____ Department	_____ Date
_____ Dean	_____ School	_____ Date
_____ Chancellor and Provost		_____ Date

***To be completed by the Office of the Chancellor and Provost**