

**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: _____ WORK/BUSINESS: _____
(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 Prior Experience Prior Credit Toward Credit
____ Probationary Appointment/Tenure Track (Years) Tenure (Years)
____ Tenure _____

CITIZENSHIP

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

THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

- ____ Approved Faculty Interview Sheet
- ____ New Faculty Information Sheet
- ____ State and federal tax withholding forms. To obtain an online copy of state and federal tax forms, please copy and paste the appropriate address displayed below into your web browser.
 - State Tax Form**
http://www.tax.virginia.gov/web_pdfs/busForms/va4.pdf#search='Employee's%20Virginia%20Income%20Tax%20Withholding%20Exemption%20Certificate'
 - Federal Tax Form**
<http://www.irs.gov/pub/irs-pdf/fw4.pdf#search='Employee's%20Withholding%20Allowance%20Certificate'>
- ____ I-9 form (This form is on our website. Only complete Section 1 and by the third day of employment, send the new individual to the Office of the Provost with proper identification to complete the remainder of the form.)
- ____ **Pages 19 and 20** of the Intellectual Property Rights document as well as the **acknowledgement page**.
- ____ Letters of Reference (Three originals on business letterhead)
- ____ Official Transcript indicating highest degree (Please submit a copy until the official transcript is received.)
- ____ Hampton University Application to Hire (The application **MUST** be fully executed.)
- ____ Resume/Vita
- ____ Documentation of Faculty Qualifications form
- * ____ 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.)
- ____ Approval memorandum from the Office of Human Resources regarding the background check/drug-pre screening

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: _____
Chairman Department Date

Dean School Date

Provost Date