



UNIVERSITY OF MARYLAND  
EASTERN SHORE

OFFICE OF HUMAN RESOURCES MANAGEMENT  
Bird Hall Building – Suite 1109  
(410) 651-6400

**Exempt Appointment Recommendation**

*\*Use this form to hire Full Time Exempt Staff ONLY*

**Candidate Information**

<input type="checkbox"/> New Appointment		<input type="checkbox"/> Returning Appointment		<input type="checkbox"/> Amendment		<input type="checkbox"/> Staff		<input type="checkbox"/> Academic	
Title	First Name			M.I.	Last Name				
Mailing Address		City			State		Zip Code		
Telephone Number <i>(Home or Mobile)</i>		Email Address:				Visa Status			
Is this individual a UMES student? <input type="checkbox"/> Yes <input type="checkbox"/> No									

**Exempt Appointment Information**

Position Title <i>(Please list below)</i>		Employing Department: <i>(Please Make a Selection)</i> <input type="checkbox"/> SANS <input type="checkbox"/> SESA <input type="checkbox"/> SBT <input type="checkbox"/> SPHP <input type="checkbox"/> Library Services		
		Other:		
Preparer Name:		Preparer Email:		
Does the candidate have or anticipate a concurrent academic or exempt appointment in another department or unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name of the department/unit		Percentage of concurrent appointment		
Type of Contract		Appointment Period		
<input type="checkbox"/> 9 Month <input type="checkbox"/> 12 Month		Start Date		End Date
Special Conditions <i>(Please specify course information and or any special conditions to be included in the contract)</i>				

**Budget Information**

Salary Rate:	FAS and/or Funding Source:



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***By signing this document I hereby certify that the above information is correct:***

Department Chair / Director:	Date:
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**Approvals:**

<b>Employment Manager:</b>	<input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Letters of Recommendation / References <input type="checkbox"/> Background Check Completed <input type="checkbox"/> Official Transcripts	Date:
<b>Director of Human Resources:</b>		Date:
<b>Grant Accountant / Title III / Sponsored Programs: (if applicable)</b>		Date:
<b>Budget Director: (Budget Reviewed &amp; Approved for Use.)</b>		Date:
<b>Dean:</b>		Date:
<b>Provost and VP for Academic Affairs: (if applicable)</b>		Date:
<b>VP of Enrollment Management and Student Experience (if applicable)</b>		Date:
<b>VP of Administration and Finance:</b>		Date:
<b>President:</b>		Date:

**Important Reminders:**

- Please ensure that every field is complete and accurate before uploading into Dropbox Sign.
- When uploading the document into Dropbox Sign remember to put the correct signature order and select “set signing order” under signer settings.
- Copy [facultycontracts@umes.edu](mailto:facultycontracts@umes.edu) to ensure that the completed form is received and the contract issued.