

ATTACHMENT 2: FACULTY VERIFICATION DATA FORM

I. TO BE COMPLETED BY FACULTY MEMBER:

Verification of Information by Faculty:

- 1) Employee ID Number: _____
- 2) Name: _____
- 3) Rank: _____
- 4) Base Salary (9 months): _____
- 5) Highest Degree Held: _____
- 6) Years in Rank at EKU: _____
- 7) Years at EKU: _____
- 8) Applicable Professional Experience Prior to EKU _____
- 9) Discipline or Subfield:

Faculty Signature

Date

II. TO BE COMPLETED BY CHAIR:

Verification of Ineligibility by Chair:

- | | |
|------------------------------------------------------------------------------------|----------------|
| Faculty communicated intention to retire, quit, or resign prior to January 7, 2014 | Yes ___ No ___ |
| Faculty is participating in RTP or E RTP prior to January 7, 2014 | Yes ___ No ___ |
| Faculty is on a terminal appointment in 2013-2014 | Yes ___ No ___ |
| Faculty is on post-tenure review prior to January 7, 2014 | Yes ___ No ___ |
| Faculty is in an ineligible position prior to January 7, 2014 | Yes ___ No ___ |

Chair Signature

Date

III. Submit original signed document to Institutional Research, Coates 36A. Submit a copy to applicable College Dean's Office.