

OFFICE OF FACULTY AFFAIRS
Missing Appointment Documentation Waiver Request

PART I: *To be completed by Department Chair and forwarded to the Office of Faculty Affairs (OFA) @ extended zip 0021, prior to the beginning of the semester for which appointment is to take place.*

Faculty Name _____ Anticipated Start Date _____
please print full LEGAL name

Department Name _____ College _____

Department Chair Signature _____ Date _____

List items missing and indicate anticipated delivery date

Check if missing	Items Required for Appointments	Anticipated Delivery Date
	Original Transcripts for Terminal Degree	
	Three (3) recent, original letters of recommendation	

Please have the faculty member for whom items are missing for sign Part II of this form.

PART II: *To be completed by faculty member for whom appointment is attached.*

I, _____, agree to submit to the Office of Faculty Affairs via my Department Chair and or Dean the items checked above prior to my next appointment. Failure to submit the above listed items may forfeit the right to any future appointments with San José State University.

DO NOT WRITE BELOW LINE. FOR (OFA) USE ONLY

PART III: *To be completed by OFA*

Accepted _____ Rejected _____ If rejected indicate reason below:

Name and Title of OFA Staff Member (please print)

Signature of OFA Staff Member

Date