IOWA STATE UNIVERSITY

Letter of Intent

Change Cover Sheet

Complete the following fields about the appointment:

Employee's name: _____

Title: _____

Department: _____

Position Type:

☐ Professional and Scientific

Faculty:

☐ Tenured/Tenure-Eligible
☐ Clinician, Lecturer, Sr. Clinician, Sr. Lecturer
☐ Adjunct
☐ Non-Tenure Eligible Research

Indicate below what information changed from the fully approved Electronic Letter of Intent to the initialed paper form.

☐ Start Date Previous Start Date: _____ New Start Date:_____

☐ Salary Previous Salary: _____ New Salary: _____

☐ Administrative Appointment Terms

☐ Probationary Appointment Terms

☐ Special Conditions

☐ Other (please specify): _____

Electronic Letter of Intent eDoc Number: _____

Form Completed By:

_____ _____
Name Date

Approved By:

_____ _____
Department Chair/Director Date

Attach cover sheet to initialed eLOI. P&S LOIs shall be sent to University Human Resource (3810 Beardshear Hall). Faculty LOIs shall be sent to the SVPP Office (1550 Beardshear).

Created 6/9/2015