ACADEMIC PRIOR SERVICE CREDIT UUP SALARY EQUITY STUDY

If you currently hold a position of Academic Rank:

1.		e you neid a <u>fuil-time</u> position in an <u>acc</u> Please check one. (Please note: This i , including salary analysis.)				
	Yes (Please complete	#2, sign, and return.)				
	No (Please sign at the	e bottom and return.)				
as fac	sociate professor, assistant professo culty members having such titles, an	te members of the professional staff ha r, instructor, and assistant instructor, d rank held by members of the profess sistant librarian, and assistant libraria	including geograp sional staff having	hic full-time		
2.	If you checked "yes" above, please	provide the following information:				
	Institution	Dates of Employment	Rank	Total Years		
	actice income or as an academic reso	lemic rank as a clinical faculty member earch employee: e you held a relevant full-time position				
	institution of higher education or in a related medical/clinical field? Please check one. (Please note: This information will be important for a number of reporting purposes, including salary analysis.)					
	Yes (Please complete #4, sign, and return.)					
	No (Please sign at the	e bottom and return.)				
4.	If you checked "yes" above, please provide the following information:					
	Institution	Dates of Employment	Rank	Total Years		

If you currently hold a position of lecturer paid on an annual salary basis:

institution o	 Previous to this appointment, have you held a relevant full-time position in teaching at an accredited institution of higher education? Please check one. (Please note: This information will be important a number of reporting purposes, including salary analysis.) 					
	_ Yes (Please complete					
	No (Please sign at the bottom and return)					
6. If you check	ed "yes" above, please	provide the following informatio	n:			
	Institution	Dates of Employment	Rank	Total Years		
ave been awarded	l the following highest	degree:				
Year Awarded	Institution	Degree Type	Terminal Degree	Terminal Degree(Y/N)		
		rate and understand this informat	tion will be used only f	or reporting		
purposes, inclu	ding salary analysis.					
		Signature:				
		Name:				
		Department:				
		Date:				

PLEASE RETURN THIS FORM BY 06.15.2019 TO:

Human Resources HR@canton.edu

Or Drop Off in the Human Resources Office in French Hall