

# HARVARD UNIVERSITY APPOINTMENT FORM

SOCIAL SECURITY NUMBER [REDACTED]	DEPARTMENT Law	CHECK ALL APPLICABLE <input type="checkbox"/> FIRST APPOINTMENT <input type="checkbox"/> APPT. AFTER BREAK IN SERV <input type="checkbox"/> NEW APPOINTMENT <input type="checkbox"/> RE-APPOINTMENT <input type="checkbox"/> SUPERSEDING CURRENT POS. <input type="checkbox"/> ADDITIONAL APPOINTMENT <input type="checkbox"/> LEAVE OF ABSENCE* <input type="checkbox"/> TERMINATION OF APPT.* <input type="checkbox"/> SALARY* <input type="checkbox"/> TIME STATUS <input type="checkbox"/> TITLE* <input type="checkbox"/> DATES OF APPT. <input type="checkbox"/> ACCT. CODING <input type="checkbox"/> NAME/ADDRESS CHANGE <input type="checkbox"/> CORRECTION* <input type="checkbox"/> TERMINATION OF INDIV.* *STATE REASONS BELOW	
NAME FIRST MIDDLE LAST Elizabeth Warren (OLD) (NEW)		FACULTY <input type="checkbox"/> BUS <input type="checkbox"/> DES <input type="checkbox"/> DIV <input type="checkbox"/> EDU <input type="checkbox"/> FAS <input type="checkbox"/> JFK <input checked="" type="checkbox"/> LAW <input type="checkbox"/> MED <input type="checkbox"/> SDM <input type="checkbox"/> SPH <input type="checkbox"/> RAD <input type="checkbox"/> GAD <input type="checkbox"/> OPR	
TITLE Leo Gottlieb Professor of Law			
RANK/CLASSIFICATION      JOB FAMILY      TEACHING DISCIPLINE (if applicable)		CHANGE TO CURRENT APPOINT. _____ SALARY* _____ TIME STATUS _____ TITLE* _____ DATES OF APPT. _____ ACCT. CODING _____ NAME/ADDRESS CHANGE _____ CORRECTION* _____ TERMINATION OF INDIV.* *STATE REASONS BELOW	
TERM OF APPOINTMENT <input checked="" type="checkbox"/> ACADEMIC TENURE      _____ TERM <input type="checkbox"/> UNSPECIFIED DURATION      _____ ANNUAL <input type="checkbox"/> _____ MO'S NOTICE			
APPT. START DATE      APPT. END DATE Month Day Year      Month Day Year 7 1 95			
REASON FOR ACTION (If this action is a change in title and/or salary indicate previous title and/or salary): To add minority code		MINORITY CODE 3	DISABILITY CODE

PREVIOUS HARVARD/RADCLIFFE EMPLOYMENT (Specify dates and any casual employment consistently over 17½ hours per week):

ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Is this individual's primary commitment at Harvard?	_____ yes      _____ no
2. Is this individual assigned to teach at least one half of a normal teaching load?	_____ yes      _____ no
3. Is this individual a degree candidate at Harvard?	_____ yes      _____ no
4. Is this individual's primary affiliation to the University as a student?	_____ yes      _____ no

SEX ____ FEMALE    ____ MALE	DATE OF BIRTH ____/____/____	PERM RES./U.S. CITIZ. ____ YES    ____ NO	MARRIED ____ YES    ____ NO	SPOUSE'S NAME & DATE OF BIRTH
---------------------------------	---------------------------------	--	--------------------------------	-------------------------------

DEGREE AND YEAR	COLLEGE, UNIVERSITY, OR INSTITUTION	DISCIPLINE
-----------------	-------------------------------------	------------

PERMANENT ADDRESS	LOCAL ADDRESS (if not the same as permanent)	UNIVERSITY ADDRESS
HOME PHONE		OFFICE PHONE

Preferred mailing name: \_\_\_\_\_ ID No. 304078810

FULL TIME ANNUAL EQUIVALENT	ACTUAL ANNUAL SALARY	MONTHS/YEAR	Effective Date	Pay Thru Date	Amount*	Dept.	Sub.	CL.	Account	Led.
		12 ____ 10 ____								
TIME STATUS ____ 1/4 ____ 1/2 ____ 3/4 ____ 1/1 ____ OTHER (please specify)										
SEND PAYCHECK TO (if bank, include acct. no.):										

FINANCIAL REMARKS: TOTAL AMOUNT COMMITTED (if applicable): \_\_\_\_\_ \*FOR CLASS 04 ENTER SEMI-MONTHLY AMOUNT; FOR ALL OTHERS ENTER MONTHLY AMOUNT

SIGNATURE _____ DATE <span style="border: 1px solid red; padding: 2px;">11/20/95</span>	SIGNATURE _____ DATE Nearly three years after offered tenure
SIGNATURE _____ DATE	SIGNATURE _____ DATE