

UNIVERSITY OF FLORIDA - OFFICE OF THE PROVOST, FACULTY DEVELOPMENT
DUAL CAREER ACADEMIC HIRE APPLICATION FORM

Name and title of original hire: _____

College/Department of original hire: _____

Name and Title of spousal/partner hire candidate: _____

Proposed Faculty Title: _____

College/Department of spousal/partner hire candidate: _____

Please attach justification for spousal hire request and the plan for continued employment for the spouse/partner after Provost Office funding ends, or **acknowledgment that the spouse/partner has been informed that this position may not continue after the funding period.**

Is spouse/partner qualified for a faculty position at the University of Florida? ___ Yes ___ No

Requested period of funding: ___ 1 year ___ 2 years ___ 3 years

Note: If 3 years is requested, please attach a brief justification.

Amount of Salary: _____ Amount of **Salary PLUS benefits**: _____

Anticipated Hire Date: _____ Administrative Contact: _____

Approvals:

Department Chair of original hire:

I will support this position for _____ years, in the amount of (salary + *benefits*) \$ _____ per year.
(1-3)

Name: _____ Title: _____

Signature: _____ Date: _____

Dean: Signature: _____ Date: _____

Department Chair of spouse/partner hire:

I will support this position for _____ years, in the amount of (salary + *benefits*) \$ _____ per year.
(1-3)

Name: _____ Title: _____

Signature: _____ Date: _____

Dean: Signature: _____ Date: _____

Provost Approval

Signature: _____ Date: _____

The Provost's Office will support this position for _____ years, in the amount of (salary + *benefits*) \$ _____ per year.
(1-3)

Please submit to:
PVFA@aa.ufl.edu