**UNIVERSITY OF NORTH ALABAMA**

**PROFESSORSHIPS**

Name of Professorship:

Professorship Recipient:

Duration of Professorship: October 1,       to September 30,

Award Amount: $

(this section to be completed by Advancement)

Less Adjunct Faculty Replacement Salary: $     (this section to be completed by Controller)

Total Award Amount: $      (to be transferred from Advancement to Department upon execution of award letter)

Teaching Load Reduction Requested: Yes [ ]  No [ ]

 Amount of teaching load reduction requested (e.g., three hours):       Semester:

 Amount of adjunct teaching replacement: $

(if a teaching load reduction is requested, the salary for a replacement adjunct faculty member would be deducted from the total amount of the award unless the endowment agreement provides differently)

If a teaching load reduction is requested, account where adjunct replacement funds are to be transferred: Fund:       ORGN:       ACCT:       PROG:

 (this section to be completed by the department holding the Professorship)

Type of Award Chosen: Salary Supplement [ ]  Expendable Funds [ ]

(the salary supplement will be a part of the faculty member’s regular compensation, will be paid in one lump sum in the fall semester, and deductions will be made accordingly; if expendable funds is selected, the faculty member should contact the Director of Foundation Accounting for further information on how the funds may be expended)

Account to Charge Stipend: Fund:       ORGN:       ACCT:       PROG:

(this section to be completed by Advancement)

**APPROVED:**

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Selection Committee Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, Foundation Accounting Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Controller Date

copy: Dr. Ross C. Alexander Dr. Deborah Shaw

 Mr. Evan Thornton Ms. Gwendolyn Patrick

 Dean Office of Human Resources

 Department Chair Payroll

 Dr. Judith T. Jackson