

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).