

Provost office support for dual career actions may be approved for a standard term of 3 years, after which the department and college take on responsibility for the full salary.

Please submit this signed form along with any correspondence from the department (PDF copies of emails are acceptable) providing additional background and justification for the request.

Primary Faculty Member Name	_____
Primary Faculty Member Title	_____
Primary Faculty Member Department	_____
Primary Faculty Member Department Head <i>(for notification purposes)</i>	_____
Dual Career Hire Name	_____
Dual Career Hire Position	_____
Dual Career Hire Department	_____
Dual Career Position Salary (\$)	_____
Effective date of Dual Career Hire	_____

Approvals:

_____	_____
Dean signature (Primary Faculty's College)	Date
_____	_____
Dean signature (Dual Career Faculty's College, if different)	Date
_____	_____
Executive Vice President and Provost signature	Date

Please notify:

Matt Hammond, Assistant Director of Business Affairs
Office of the Provost
mahammon@vt.edu

of the outcome of this dual career offer so that any transfer of funds can be arranged in a timely manner.

FOR PROVOST OFFICE USE

Cost Share Amount (per yr)	_____
Cost Share Start Date	_____
Cost Share Term	_____