



KEAN
UNIVERSITY

ACADEMIC SPECIALIST CONTRACT

Name: _____ SSN: _____

Kean ID#: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Length of Contract: _____ to _____

Fund: ____ Cost Center: _____

Job Title: **Academic Specialist**

Compensation for Assignment: \$ _____

Assignment: _____

Prospective employees signature:

Approved by:

Chair/Executive Director

Dean (If applicable)

Division Vice President

Jennifer Strahan,
Budget Director

Jennifer Peters
Executive Director,
Human Resources

Andrew Brannen,
Senior Vice President of Finance