

7/6 Aaly Tokombaev, 720060,

Bishkek, Kyrgyzstan

инн 01407199310022 | 999 УККН

www.auca.kg

**Human Resources Office**

Chyngyz Shamshiev \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President/ Chief Operating Officer

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

Vice President of Academic Affairs\*\*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for International Faculty**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apply to be appointed

*Name of the applicant*

for the full - time position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*title of the position*

for the part- time position of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*title of the position*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Program** | **Period** | **Name of the course** | **Number of credits** |
|  |  |  |  |  |

**Faculty’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$1=\_\_\_\_\_\_\_\_ KGS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant(s) name\*** | **Budget line** | **Budget sub-line** | **Salary per month for \_\_\_\_ credits,**  **Gross** | | **17,25 %** | **Total, per month** | **Housing,**  **Net** | **Round trip,**  **Net** | **Total per period (housing)** | **Total per period (round trip)** | **Total per period (salary)** |
|  | | *To be filled in by Finance Office* | | *To be filled in by Finance Office* | | |
| **USD** | **KGS** |  |  | **USD** | **KGS** | **USD** | **KGS** | KGS |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Initiator\* Head of Office, Department Chair, Program Director** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by Department Chair, if Initiator is Program Director** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Received by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
| 1. |  | HR Coordinator |  |  |

**Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | Accountant |  |  |
|  |  | Chief Accountant |  |  |
|  |  | Deputy Financial Director / Head of Accounting |  |  |
|  |  | Senior Financial Analyst/ Financial Analyst |  |  |
|  |  | Grants Office Specialist (if expenses are covered by grant)\* |  |  |
|  |  | Deputy Director of Grants Coordination Office (if expenses are covered by grant)\* |  |  |
|  |  | Director of Grants Coordination Office (if expenses are covered by grant)\* |  |  |
|  |  | HR Director |  |  |