

Salisbury University Candidate Interview Form

(To be completed by Search Committee Chair)

| l. | Name of Candidate: | |
|------|--|--|
| | Address of Candidate: | |
| | | |
| | Interview deta(a): Arrive | Depart |
| | Interview date(s): Arrive | Берап |
| | School : | Position title: |
| II. | Search Committee Chair Name: | |
| | Search Committee Members: | |
| | | |
| | | |
| III. | the approved per person per dier http://www.salisbury.edu/account Hotel | |
| | * · · · · • | * Estimate of me which the candidate will pay out of pocket while in |
| | | route to and from the interview. See website for rate Per diem rate. |
| | Misc. \$ | |
| | Total Estimated Trav | rel Expenses: |
| Sear | ch Committee Chair Signature | Date |
| | | |
| | get Administrator/DeanSignatt | ure Date |

One off campus meal is approved according to the guidelines. Will the candidate be offered the opportunity to dine off campus? Yes No

Off Campus Meal: Please indicate the date meal to be eaten off campus

| | Meal | Breakfast | Lunch | Dinner | Date | | | | | | |
|-----------------------------------|------|-----------|-------|--------|------|--|--|--|--|--|--|
| List names of participants below: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1) | | | 2) | | | | | | | |
| | 3) | | | 4) | | | | | | | |

On Campus Meals: Please indicate the date, meal(s) eaten on campus for breakfast, lunch and or dinner and the committee member(s) attending: [MEAL TICKETS WILL BE PROVIDED BY THE DEAN'S OFFICE]

| i i iCLj | | | | | | | | |
|-----------------------------------|--------------------|-------------------------------|-------|--------|------|--|--|--|
| | Meal | Breakfast | Lunch | Dinner | Date | | | |
| List names of participants below: | | | | | | | | |
| | 1) | | | 3) | | | | |
| | 2) | | | 4) | | | | |
| | Meal | Breakfast | Lunch | Dinner | Date | | | |
| List na | mes of par | ticipants below: | | | | | | |
| | 1) | | | 3) | | | | |
| | 2) | | | 4) | | | | |
| | Meal mes of par | Breakfast ticipants below: | Lunch | Dinner | Date | | | |
| | 1) | | | 3) | | | | |
| | 2) | | | 4) | | | | |
| | Meal | Breakfast ticipants below: | Lunch | Dinner | Date | | | |
| LISTIID | inco oi pai | dolpanto bolow. | | | | | | |
| | 1) | | | 3) | | | | |
| | 2) | | | 4) | | | | |

This form must be completed and after the Dean signs the original, it is returned to the initiating department (a copy will be kept by the Dean's Office).

Candidates will be instructed to fill out an expense account form and attach travel receipts for reimbursement. The *Candidate Interview Form*, with approved signatures, must be attached to an expense account form for faculty/staff reimbursement as well as any candidate's request for reimbursement.

The expense account form, expense receipts, along with a copy of the approved *Candidate Interview Form* will be forwarded to the Dean's Office for final approval and then forwarded to the Financial Services Office for processing and reimbursement.

Revised: 7/06