



Salisbury University
Candidate Interview Form

(To be completed by Search Committee Chair)

I. Name of Candidate: Dr. Marvel
Address of Candidate: 237 Yellowbrick Road
Emerald City, KS

Interview date(s): Arrive 05/18/2018 Depart 05/31/2018
School : Fulton School of Liberal Arts Position title: Tenure Track Faculty

II. Search Committee Chair Name: Dr. William Oz

Search Committee Members:

Dorothy Gale Cowardly Lion
Scarecrow Almira Gulch
Tin Woodman Glinda Good Witch of the East

III. Estimated Travel Expenses for the Candidate. (Please note approval amounts may not exceed the approved per person per diem State of MD/USM rates). These amounts can be found at <http://www.salisbury.edu/accountspayable/meal.htm>.*

Hotel \$ \$ 165.00 Cost Estimate for Meals: \$ \$ 30.00 *
Air Fare \$ \$ 450.00 * Estimate of me which the candidate will pay out of pocket while in
Misc. \$ \$ 75.00 route to and from the interview. See website for rate Per diem rate.

Total Estimated Travel Expenses: \$ 720.00

Wicked Witch of the West 05/31/2018
Search Committee Chair Signature **Date**

Aunt Em 05/31/2018
Budget Administrator/Dean Signature **Date**

Department Code to be Charged 08251939 **Total Approved \$** \$ 720.00

IV. Anticipated Number of Meals with Search Committee

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 05/18/2018

List names of participants below:

1) Munchkin Mayor	2)
3) Toto	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]

Meal Breakfast Lunch Dinner Date 05/19/2018

List names of participants below:

1) Winged Monkey	3)
2) Assorted Munchkins	4)

Meal Breakfast Lunch Dinner Date _____

List names of participants below:

1)	3)
2)	4)

Meal Breakfast Lunch Dinner Date _____

List names of participants below:

1)	3)
2)	4)

Meal Breakfast Lunch Dinner Date _____

List names of participants below:

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