

APPOINTMENT REQUEST FORM

For Academic and Professional Staff (Except Adjunct Faculty)

INSTRUCTIONS

1. This form must be used to request the appointment of academic and professional staff. A Recruitment Authorization (RA-1) should be submitted in advance of making any appointment.
2. The initiating Department/Division **must complete all areas below.**
3. After signature by the appropriate Supervisor/Dean/Director, forward this form with appropriate attachments through administrative channels.

APPOINTMENT INFORMATION

DEPARTMENT/DIVISION:		ACCOUNT & SUB ACCOUNT				SUPERVISOR:	
PREFIX (Mr, Ms, Dr, Other)	EMPLOYEE'S NAME (First Name, MI, Last Name):						
HOME ADDRESS:	STREET	APT/BOX	CITY	STATE	ZIP	HOME TELEPHONE #:	
CAMPUS BUILDING					ROOM NUMBER		CAMPUS TELEPHONE EXTENSION:
REQUESTED CAMPUS TITLE:		REQUESTED SUNY/NYS TITLE:		SALARY:		PAY BASIS: <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Hourly Other _____	
DATES OF OBLIGATION IF LESS THAN 12 MONTHS:		APPOINTMENT TYPE <input type="checkbox"/> Temporary Appointment From _____ to _____ <input type="checkbox"/> Term Appointment _____ to _____ <input type="checkbox"/> M/C (at pleasure) beginning _____				FULL-TIME:	# HRS/WEEK:

Justification and position description/duties if not hired through a search process.

(Please note that employees not hired through a search can only be appointed for a maximum of one year. Please include resume with form if not hired through a search.)

APPROVALS

SUPERVISOR: _____ DATE: _____

*****Supervisors are responsible for requesting keys, swipe card access, phones, and campus technology.*****

NEXT LEVEL SUPERVISOR/FUND CUSTODIAN: _____ DATE: _____

VP / PROVOST: _____ DATE: _____

VP OF FINANCE _____ DATE: _____