SUNY MORRISVILLE
EST. 1908

Temporary Position Authorization & Appointment Form

Please use this form to request approval for a temporary position that does not require posting. A background check may be required before making an offer, so please hold until HR can confirm details. Appointment details are also included on this form, please complete when ready, either while seeking approval or after, depending on the situation.

Temporary Position Details

Department:	Supervisor Name:	Account Number(s):

Campus Title:	State Budget Title/Rank:

Full Time Part Time, hours/week: _____	Union: UUP M/C Other: CSEA PBA	Appointment From: Appointment To:

Requested Funding: State Funds Regular State Funds Temp Income Funds Reimbursable Research Foundation Other: _____	Requested Compensation: $ _____ Hourly Biweekly Other: _____	Reason For Vacancy: New Position Previous Incumbent Departed o Name/Date of Departure:

Please Provide a Brief Justification for this Position:

Please Provide:
   Job Description   Performance Program

Approval of Position

Director/Dean:	
Cabinet Member Associate:	
VP, Administration & Finance:	
VP, Human Resources:	
President:	

Appointment Information

Prefix (Mr, Ms, Dr, etc.)	Employee's Name (First Name, MI, Last Name)

Home Address (Street, Apt/BOX, City, State, Zip)	Phone #

Campus Building & Room Number:	Campus Phone Extension:

Appointment Start (please provide a 2-week lead time): Appointment Ends:	Is this person a rehire for SUNY Morrisville? Yes No

Please Provide:
   Resume