

REVISION  CANCELLATION

**APPOINTEE**

**SUNY ID** \_\_\_\_\_ (Found on the suny.edu self srv. portal)

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Personal or NP Email \_\_\_\_\_  
Home Work

**TYPE OF HIRE**

- Full-Time 10-month Faculty** Summer salary from State funds and Research Foundation Funds combined cannot exceed 1/3 or 33.33% of the 10-month regular academic salary as per the SUNY Summer Earnings Limitations Policy. No UP-8 form is required; summer assignments are not considered extra service.
- Full-Time 12-month Faculty/Professional Staff/MC** Service above obligation is considered extra service. A UP-8 form is required for UUP employees or a UP-6 for MC employees. An ARF (this document) is not a required form. The SUNY Extra Service Policy states that compensation for extra service is not to exceed an amount equal to 20% of base annual salary in any academic or calendar year beginning July 1 or September 1, as appropriate.
- New Adjunct Hire** (If the employee completes Form I-9 Employment Eligibility Verification with Department, please forward it to HR in a sealed envelope.)
- Returning Adjunct** (If employee has been off the payroll for MORE than 1 calendar year, complete new form I-9)

**ADJUNCT LECTURER ASSIGNMENT**

Dates of Service <small>xx/xx/xx-xx/xx/xx</small>	Department	Course #	Course Title	Acct #	On-Line Y/N	Credits	Amount Per Course
				Total Salary			

**OTHER INSTRUCTOR ASSIGNMENT:** (If a new employee, please attach brief job description with required qualifications)

Define Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Department: \_\_\_\_\_

Assignment Description: \_\_\_\_\_

Account # \_\_\_\_\_ Payment Amount/Rate: \$ \_\_\_\_\_ Total Pay: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

**APPOINTMENT APPROVAL SIGNATURES**

Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Extended Learning: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean: \_\_\_\_\_ Date: \_\_\_\_\_ Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

**AA USE ONLY:** Last employed: \_\_\_\_\_  Adjunct Faculty  Full-time 10-month Faculty  Full-time 12-month Employee To HR: \_\_\_\_\_  
**HR USE ONLY:**  Dual Empl Line #: \_\_\_\_\_ Sent to employee \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HR INITIALS \_\_\_\_\_

**PAYROLL USE ONLY**

NEED DONE  
 1040 Eff date \_\_\_\_\_  
 Comment Act/Reason \_\_\_\_\_  
 (back) Act/Reason \_\_\_\_\_

PR#/YR \_\_\_\_ / \_\_\_\_

TOTAL CONTRACT AMT	PAY PERIODS PAID	EARN CODE	AMT/PAY PERIOD
\$ _____	_____	_____	\$ _____