



# STAFF APPOINTMENT REQUEST

Human Resources, Diversity & Inclusion, Haggerty 603 845-257-3171 Fax: 845-257-3956

Search # \_\_\_\_\_  
Search Waiver  Yes  No

**This form must be completed and forwarded to Human Resources BEFORE any appointment is made.  
Forms will not be processed without all the appropriate signatures.**

## SECTION A

Department: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Salary Grade: \_\_\_\_\_ FTE: \_\_\_\_\_ Account: \_\_\_\_\_ Line#: \_\_\_\_\_  
Name of Appointee: \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_ County: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Personal E-mail address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (for purposes of generating a banner ID) Banner #: 

N									
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Campus Title: \_\_\_\_\_ Budget Title: \_\_\_\_\_

## SECTION B (IDENTIFY EMPLOYEE TYPE)

**UUP**  
 SE (Semester Only)  AC (Academic year 9/1-8/31 academic faculty only)  CA (Calendar year)  
 OT (Other) : \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Recess dates (College Year Assignment): \_\_\_\_\_  
Salary: \_\_\_\_\_ SL Rank \_\_\_\_\_ **Circle one:** Annual / Biweekly / Hourly / For the Period / Calendar year / College year

### APPOINTMENT TYPE

Temporary  Term Appointment (cannot exceed 1 year for initial professional appointments – 3 years max for faculty)  
Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (allow 10 days advance notice)  
Term Length: \_\_\_\_\_ OR If temporary, anticipated end date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments: \_\_\_\_\_  
 **MC** Start date: \_\_\_\_\_ Salary: \_\_\_\_\_  
 **VOLUNTEER** (attach duties description & justification) Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **VISITING SCHOLAR** (attach project summary and support from Dean in memo form)  
Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Schedule: \_\_\_\_\_ Anticipated End date (maximum 2 years) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **CLASSIFIED ~ CSEA/PEF/PBANYS/NYSCOPBA**  
Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pass days: S M T W TH F S Salary: \_\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Duration: Perm / Contingent Permanent / Temporary (not to exceed 6 months) Shift: \_\_\_\_\_

### State Service History

If previous/present State Employment, please complete:

Agency Name: \_\_\_\_\_ Title: \_\_\_\_\_ Separation date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE APPROVALS			
_____ Dean/Director	_____ Date	_____ Human Resources	_____ Date
_____ Academic Affairs (if applicable)	_____ Date	_____ President/Vice President	_____ Date
_____ Affirmative Action Officer	_____ Date	_____ Assistant VP Finance – Budget Office	_____ Date

## HR USE ONLY

Employment Application  LENS if applicable  Typing Test (if applicable)  Posting Copy for file  
 Transcript (prof/fac)  Canvass letter (classified)  Resume  Other: \_\_\_\_\_  
 Background ck if applicable  Org Chart  Oath of Office \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYROLL USE ONLY

PR#/YR \_\_\_\_/\_\_\_\_ PAY BASIS \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
Eff date \_\_\_\_\_  
Act/Reason \_\_\_\_\_  
Act/Reason \_\_\_\_\_  

TIME ENTRY:	EARN CODE	DATES	AMOUNT
_____	_____	_____	_____

  
 TAS done  
 1040  
 Comment (back)  
11/2018