New Paltz
STATE UNIVERSITY OF NEW YORK
Office of Academic Affairs

PART-TIME ACADEMIC APPOINTMENT REQUEST
FOR ACADEMIC YEAR: _____

☐ REVISION   ☐ CANCELLATION

APPOINTEE

SUNY ID _____ (Found on the suny.edu self srv. portal - *not* banner#)

Name _____   Date of Birth ____/____/____
       Last   First   MI   (needed for new hires)

Address _____
       Street   City   State   Zip

Telephone _____   Personal or NP Email _____
       Home   Work

TYPE OF HIRE

☐ **New Adjunct** If the employee completes Form I-9 Employment Eligibility Verification with dept. representative–please forward it to HR in a sealed envelope.

☐ **Returning Adjunct** (If off the payroll for MORE than 1 calendar year, employee needs to complete a new Form I-9. See left, New Adjunct)

☐ **Dual Employee**** Currently working for two state agencies (even if part-time at both) requires the NYS Dual Employment AC1588 Form: osc.state.ny.us/payroll/files/ac_1588_f.pdf

Other appointment information/notes: Forms can be found on the HR forms page: http://www.newpaltz.edu/hr/forms.html
Payment for a full-time UUP Professional, 10-month faculty, or 12-month faculty must be initiated through the SUNY Extra Service UP-8 Form (ARF not required).

DURATION OF HIRE
☐ **Academic Year** (paid over 20 pay periods)   ☐ **Fall** (paid over 10 pay periods)   ☐ **Spring** (paid over 10 pay periods)
☐ **Other than full semester obligation define dates or if WINTER SESSION indicate WINTER:** _____

ADJUNCT LECTURER ASSIGNMENT

Department: _____   Per Credit Rate: _____   H:\HumanResources\ARF's-PT Adjuncts\AY 17-18 Rate.Fact.Sheet

Sem/Year	Account #	Course #	Section	Course Title	Credits	Payment
Fall or Winter Total Credits/Total Payment:						
Spring Total Credits/Total Spring Payment:						
Total Academic Year Credits /Total Academic Salary:						

Student Teacher or Ed Admin Supervisor: # of Students Fall _____   # of Students Spring _____   Acct _____   Rate _____   Total _____
Applied Music Lessons: Dates of Service Fall _____   Dates of Service Spring _____   Acct _____   Rate _____   Total _____
Notes/Course information_____

ADJUNCT INSTRUCTOR ASSIGNMENT: (IF THE EMPLOYEE IS NEW, ATTACH BRIEF JOB DESCRIPTION AND REQUIRED QUALIFICATIONS)

☐ **'Full Fall' or Define Fall Dates:** ____/____/____ to ____/____/____   Dept _____   Position/Campus Title _____
Obligation Days of week: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ Sat ☐ Sun   Hrs Per Day _____   Hrs Per Week _____   Account # _____
FEE/HRLY RATE: _____   OR   Total Pay: _____   Notes: _____

☐ **'Full Spring' or Define Spring Dates:** ____/____/____ to ____/____/____   Dept _____   Position/Campus Title _____
Obligation Days of week: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ Sat ☐ Sun   Hrs Per Day _____   Hrs Per Week _____   Account # _____
FEE/HRLY RATE: _____   OR   Total Pay: _____   Notes: _____

APPOINTMENT APPROVAL SIGNATURES

Chair:	Date:	Academic Affairs:	Date:
Dean:	Date:		

AA USE ONLY: APPT. TYPE: TEMP / TERM / 1ST TIME TERM   PAY BASIS: _____   TO HR ____/____/____   LAST HIRE DATE ____/____/____
BENEFIT CODE: F_____ /S_____   FTE %: F_____ /S_____   NOTES: _____
HR USE ONLY: MAILED/EMAILED ____/____/____   LINE #: _____   HR INITIALS_____   BENEFIT INITIALS_____   RSSLAF_____

PAYROLL USE ONLY

NEED DONE
☐ ☐ TAS
☐ ☐ 1040
☐ ☐ Comment (back)

Eff date_____
Act/Reason _____
Act/Reason _____

PR#/YR _____/_____   PAY RATE $ _____

	EARN CODE	DATES	AMOUNT
TIME ENTRY:	_____	_____	_____
OTHER:	_____	_____	_____

05/2018