SUNY COLLEGE AT PLATTSBURGH - HUMAN RESOURCE SERVICES

**ADJUNCT REAPPOINTMENT FORM**

Reappointment  Supersede  Clarify Spring Appointment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | SUNY ID | | | |  | | | | | | Line # | | | |  | | Acct # | | |  | | | | % |  | | |
| Department | | | |  | | | | | | | | | | | | | | | | | FTE | | | |  | | Acct # | | |  | | | | % |  | | |
| Supervisor | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | Acct # | | |  | | | | % |  | | |
| Budget Title/Grade | | | | | |  | | | | | | | | | | Campus Title | | | | | | | | |  | | | | | | | | | | | | |
| *(if different than budget title)* | | | | | | | | | | | | | | | | | | | | | |
| Appointment Type: | | | | | | Temporary  Term | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Appointment Dates: | | | | | | | | | | | | | | | | | Obligation Dates: *(if different than appointment dates)* | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | through | | |  | | | | | | | | |  | | | | | through | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Course Information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many consecutive semesters has the part-time temporary employee worked, prior to this appointment?  *After the 4th consecutive semester, a term appointment is required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # | | Course No. | | | | | | Course Title | | | | | | | | | | | | | | | | | | # of Credit Hours | | | | | Salary per Course | | | | | | |
| 1 | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
| 2 | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
| 3 | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
| 4 | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
|  | |  | | | | | | **Total Compensation** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | |  | | | |  | | | |  | | | |  | |  | | |  | |  | | | | | | |
| Approvals/Signature Route | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | | | |  | | | | | |
| Department Director/Dean | | | | | | | | | | | | Date | |  | | | | | Budget Control Officer | | | | | | | | | | | | | Date | | | | | |
| Provost/Vice President | | | | | | | | | | | | Date | |  | | | | | Human Resource Services | | | | | | | | | | | | | Date | | | | | |
|  | | | | | | | | | | | |  | |  | | |  | | | | |  | | | | | | | | | | | | | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefit Code: \_\_\_ NOR:\_\_\_\_\_\_\_\_\_\_ THIS LINE FOR HRS USE ONLY To Payroll: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health Ins Elig? Y / N Effective Date: \_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Initials | | | Date | |
|  | | |  | |  | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  |