SUNY COLLEGE AT PLATTSBURGH

**HUMAN RESOURCE SERVICES APPOINTMENT FORM**

AcademicProfessionalM/CCasualGraduate Assistant

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Employee Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | |  | | | | MI | | |  | | Last Name | | | | |  | | | | | | SUNY ID (if available) | | | | | | |  | | | | | | |
| Home Address | | | |  | | | | | | | | | | | | | | | | | | Home Phone | | | | | | |  | | | | |
| U.S. Citizen:YesNo | | | | | | | | | | | | | | | | | | | | | | Most Recent State Service | | | | | | |  | | | | |
| Prior Professional Service Credit Granted:YesNo | | | | | | | | | | | | | | | | | | | | | | If yes, Years Granted | | | | | | |  | | | | | | |
| Appointment Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dept. Name | |  | | | | | | | | | | | | | | | | | Line # | |  | | | | | Account # | | |  | | | | (%) | |  |
| Supervisor’s Name | | | | |  | | | | | | | | | | | | | | FTE | |  | | | | | Account # | | |  | | | | (%) | |  |
| Budget Title/Grade | | | | |  | | | | | | | | | | | | | | Campus Title | | | |  | | | | | | | | | | | | |
| Compensation | | | | **$** | | | per  Year  Semester  Hour Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment Type:  Temporary  Term  Continuing  At the Pleasure of Full-time Part-time If part-time non-academic, avg. # of hours/week: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment Effective | | | | |  | | | | | through | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Work Obligation: Calendar Academic Semester College Year, | | | | | | | | | | | | | | |  | | | through | |  | | | | Other, | | |  | | | through | | |  | | |
| ***For a Part-time Academic Employee, Please Complete the Following:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many consecutive semesters has the part-time temporary academic 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 |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
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| ***Approvals/Signature Route*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Department Director/Dean | | | | | | | | | | | | Date | | | | |  | | President (if applicable) | | | | | | | | | | | | | | Date | | |
| Affirmative Action Officer | | | | | | | | | | | | Date | | | | |  | | Budget Control Officer | | | | | | | | | | | | | | Date | | |
| Provost/Vice President | | | | | | | | | | | | Date | | | | |  | | Human Resource Services | | | | | | | | | | | | | | Date | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **BELOW FOR HRS USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ben Code: \_\_\_ NOR:\_\_\_\_\_\_\_\_\_\_\_ Cont/Perm: \_\_\_\_\_\_\_\_\_\_\_ Cycle:\_\_\_\_\_\_\_\_\_\_\_ To Payroll:** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  **Initials Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |