

STATE RECRUITMENT/EMPLOYMENT APPOINTMENT FORM

Please complete for all state-funded positions (except those with the title Graduate Assistant or Student Assistant)

Section 1: Complete for all positions:

Unit/Program _____ Title Requested (if known) _____

Salary Requested (if known) _____ Hourly ___ Biweekly ___ Annual ___ Total Supervisor _____

Position Status: ___ Temporary (from _____ to _____) OR ___ Permanent/Term

Percent of Effort: ___ Full-time OR ___ Part-time non-faculty (specify %, e.g. 25%, 50%) _____ % OR

___ Part-time faculty # of courses _____ # of sections each course _____

Course name(s) and section(s) _____

Provide brief justification for position (e.g. backfill, new function): _____

Section 2: Complete if employee is known:

Last Name _____ First Name _____ Salutation: ___ Dr. ___ Ms. ___ Mr.

SSN _____ Phone (if known) _____ Email (if known) _____

Mailing Address: (address to which the letter of appointment should be sent; attach resume if available):

_____ Zip _____

Section 3: Complete if employee is not known and therefore will be recruited:

List (or attach) duties and responsibilities to be performed by this position:

Special Notes: (driver’s lic. for NYS travel, read & interpret information, heavy lifting, travel, special work hours, etc.)

Section 4: Choose either a), b), or c), depending on funding:

a) Signature for Temporary Service Accounts other than Vice President funds :

Chair/Director Approval Date Account Number

b) Signatures for Vice President temporary funds:

Chair/Director Date Vice President Approval Date

c) Signatures for Personal Service Regular (PSR) positions (all five signatures needed):

1. _____
Unit Head (Dean/Chair/Director) Date

2. _____
Vice President Date

3. _____
Director of Business Affairs Date

4. _____
Director of Human Resources Date

5. _____
President Date

Upon completion please send this form to the Office of Human Resources, 217 Bray Hall