Academic Affairs - State Temporary Service Appointment Form
For Temporary Service Accounts

Please complete for all state funded positions that did NOT require a search
(except those with the title: Graduate Assistant, Student Assistant, or Visiting Faculty)

Step 1: Complete for all Positions

Unit/Department: ___________________________________
Title Requested (if known): _________________________________
Supervisor: ________________________________________
Salary Requested (if known): ________________  Check One: _____Hourly Rate    _____Biweekly Rate    _____Total Remuneration
Position Status (check one):  ____ Temporary (from ____________ to ____________)  OR  _____ Term
Percent of Effort (check one): ____ Full Time  or  ____ Part Time non faculty (required, if selecting): ______ % (specify %, ex: 25%, 50%, etc.)
Provide justification for position or attach (ex: backfill, new function, etc.):
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
Provide brief job description or attach:
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
Last Name: ________________________________________________   First Name: _____________________________________
Salutation (check one):  ____Dr.    ____Mr.     ____Ms.    ____Mrs.     ____Miss
Phone #: ___________________________________
Email (required): __________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
_________________________

Step 3: Signatures for Approvals

Unit Head Temporary Service Accounts

Department Chair/Unit Head Name—Signature
Account #

Chief Financial Officer—Signature
Date

Vice President or Provost—Signature
Date

President
Date

Step 4: Upon Completion—Forward to The Office of Human Resources: 216 Bray Hall

Office of Human Resources • 216 Bray Hall • 1 Forestry Drive • Syracuse, NY 13210 • Phone: 315-470-6611 • www.esf.edu