EST. 1908
SUNY MORRISVILLE

APPOINTMENT REQUEST FORM

For Academic and Professional Staff (Except Adjunct Faculty)

INSTRUCTIONS

1. This form must be used to request the appointment of academic and professional staff. A Recruitment Authorization (RA-1) should be submitted in advance of making any appointment.
2. The initiating Department/Division must complete all applicable areas below.
3. After signature by the appropriate Dean/Director, forward this form with appropriate attachments through administrative channels.

PERSONAL INFORMATION

DEPARTMENT/DIVISION:	ACCOUNT or GRANT NO:	REQUESTED FUNDING ☐ State Funds Regular ☐ State Funds Temporary Service ☐ Income Funds Reimbursable ☐ Research Foundation ☐ Other_ _____	SUPERVISOR:

LINE (omit if temp):	EMPLOYEE'S NAME (First Name, MI, Last Name):	SOCIAL SECURITY #: **(on file)**	CITIZENSHIP:

HOME ADDRESS: STREET	APT/BOX	CITY	STATE	ZIP	HOME TELEPHONE #:

CAMPUS ADDRESS: BUILDING	ROOM NUMBER	CAMPUS TELEPHONE EXTENSION:

CAMPUS TITLE:	BUDGET TITLE:	PROF RANK:	SALARY:	PAY BASIS: ☐ Annual ☐ Biweekly ☐ Other ☐ Semester ☐ Daily _____ ☐ Hourly	EFFECTIVE DATE OF APPOINTMENT:

OBLIGATION	APPOINTMENT TYPE	FULL-TIME:	PART-TIME % OR # HRS/WEEK:
☐ Academic Year ☐ Calendar Year (12 months) ☐ College Year (10 months) ☐ Other (Specify) _____	☐ Temporary Appointment From _____ to _____ ☐ Term Appointment for _____ (#Years) From _____ to _____ ☐ Probationary ☐ Continuing ☐ Other _____ ☐ M/C (at pleasure)		

DATE OF BIRTH (MONTH / DAY/YEAR):	SEX: ☐ MALE ☐ FEMALE	PREVIOUS OR PRESENT STATE EMPLOYMENT:	NAME OF AGENCY:	TITLE:	DATE OF SEPARATION (If applicable)

ATTACHMENT CHECKLIST

☐ Employment Application ☐ Applicant Tracking Log (HR)
☐ Resume
☐ Extra Service Assignment or Dual Employment (if Appropriate)
☐ Official Transcripts
☐ Letters of Reference: **1.** **2.** **3.**
☐ EEO/AA Summary Report (EEO-1) or ☐ Waiver of Search
☐ Summary of Telephone Reference Checks

REMARKS

APPROVAL

DIRECTOR: _____ **DATE:** _____

VICE PRESIDENT: _____ **DATE:** _____

AVP FOR HUMAN RESOURCES: _____ **DATE:** _____

IF RESEARCH FOUNDATION:
DIRECTOR OF SPONSORED RESEARCH: _____ **DATE:** _____

PROJECT DIRECTOR: _____ **DATE:** _____

COPIES: Human Resources, Department, Payroll, Vice President, Business Office