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Employment Recommendation (GFR) Revised Reappointment [Separation Type] PP:17

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Tina T Thompson					6789			01/	01/19	50	Non-Veteran								
Salutation, First Name, MI, Last Name					* SSN (New Employee)				Date of Birth		Military Status								
1111 Main Street							1 1 1 1 1 1 1						,						
Anytown, NY 11111						Erw	in Hall			104		!	5731		585-222-222		222		
Home: Stre	et, City, S	State, Zip				Campus Building Ro					m	[Office P	hone	e Home Phone				
Retired Pul	blic Emp	loyee? [Yes ⊠No	<u> </u>	f yes,	date	of ret	ireme	nt:	F	Retire	ment	System	n: (Sele	ct)				
Previous/C					SUNY (
*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number (SSN) is required pursuant to the IRS code. The SSN is required to verify your identity.																			
Current/Previous New (Complete all fields for current or returning employees) (Complete only fields that are changing for current or returning																			
					_		or curren	t or retur	ning empl	oyees)				are changi	ng for cur	rent or re	eturning)		
Payroll Effe			.):	11/0	06/201	.2					11/06/2014								
Payroll End		-		11/05/2014								11/05/2016							
Employee (n to Depa	artment:		06/201		1/05/2	2014			11/0	6/201	4 - 11/	/ 05/201	.6				
Departmen				Fina	ncial A	Aid													
Line Numb	Line Number: 12345																		
Budget Title & Grade or Rank: Financial							visor,	SL3											
Local Title	(MC, Pro	fessional	& Faculty):		ncial A														
Appointme					n - Fac		Profess	sional											
Supervisor's Name: Adam Coo																			
Payroll Obligation: Calendar Y						fear										т——			
Salary Pay				Ann	ual														
Salary/Stip					\$														
Full-time, P	Part-time	, or Leave	e %:	⊠F							☐FT 100% PT % Leave %								
Part-time F			Week:		Hours Worked Per Week									Hours	Work	ed Per	Week		
Work Week Schedule:			Su	Мо	Tu	We	Th	Fr	Sa	Su	Мо	Tu	We	Th	Fr	Sa			
Indicate Sh	ift:									<u> </u>			1		ı				
Funding So	urce/Acc	ount Nu	mber(s):	8888	888														
Courses (*F	Part-time	Faculty	Only):	Fall:	# list														
# = number	r of cours	ses			pring: # list						Fall: # list								
list = list th	e course	s and cre	dit hours	Spiii	iig. #	Spring: # list													
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-			Prior Service	-					e Credi		-			ial Se <u>rv</u> i	_				
			n resume/						_		_	und ch	eck rel	ease	trans	cript			
NOTES: 2 y	ear term	renewal	; expected dat	te of p	permai	nent a	ppoin	tment	ıs 11/0	6/2019	•								
SEARCH	I WAIVE	R U OES	DATE:	-															
Approvals:													,	Б.					
Department Head																			
Provost/Vice President President																			
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	1						_												
HR ONLY	OLD	NEW	Clearance_										Lis	t#:					
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Neg. Unit			ACT Letter Type_	-	<u> </u>				STEP		Date	۵٠							
RET SYS:			PayServ:	_Tern	n Agen	rcy(s)_			Empl Ro	cd		ctive	Agency((s)		Empl R	.cd		

SUNY HR ______ HR Approval _____ Payroll Approval_____ PP*____

Rev. 3/14

Example 5: RETURNING NTP Financial Aid Advisor (Professional, PSR, Full-time, CAL/ANN)

Payroll Effective Date (b.o.b.): 11/06/2014 Payroll End Date (c.o.b.): 11/05/2016

NEW Employee Obligation to Department: 11/06/2014 – 11/05/2016 (same as payroll dates)

PREVIOUS Employee Obligation to Department: 11/06/2012 – 11/05/2014

Budget Title & Grade or Rank: Financial Aid Advisor, SL3

Local Title (MC, Professional & Faculty): Financial Aid Counselor

Appointment Type: Term Salary Pay Basis: Annual

Salary/Stipend: At the time the appointment form is submitted with an indicated salary, the salary will most

likely change over the course of the term appointment if it is more than one year

This information tells us:

- Previous term of 11/06/2012 to 11/05/2014 is ending begin new 2 year term appointment from 11/06/2014 to 11/05/2016
- Check expected date of perm appointment; if new term duration exceeds this date, call department and inform; term duration cannot exceed expected date of perm appointment
- Departments expectation with this example is to identify that it is a term renewal and that it doesn't exceed the date of permanent appointment