

Patti P Petterson		123 - 45 - 6789	01/01/1950	Non-Veteran	
Salutation, First Name, MI, Last Name		* SSN (New Employee)	Date of Birth	Military Status	
1111 Main Street		Doty Hall	318	5616	585-222-2222
Home: Street, City, State, Zip		Campus Building	Room	Office Phone	Home Phone
Retired Public Employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date of retirement:		Retirement System: (Select)	
Previous/Current State Service? <input type="checkbox"/> Yes At:		<input checked="" type="checkbox"/> No			

*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)

Payroll Effective Date (b.o.b.):		07/03/2014
Payroll End Date (c.o.b.):		
Employee Obligation to Department:	-	-
Department:		Human Resources & Payroll Svcs
Line Number:		12345
Budget Title & Grade or Rank:		Secretary 1, SG-11
Local Title (MC, Professional & Faculty):		Secretary 1
Appointment Type:		Contingent/Permanent - Classified
Supervisor's Name:		Janet Babcock
Payroll Obligation:		Calendar Year
Salary Pay Basis:		Annual
Salary/Stipend:		\$
Full-time, Part-time, or Leave %:	<input type="checkbox"/> FT 100% PT % Leave %	<input checked="" type="checkbox"/> FT 100% PT % Leave %
Part-time Hours Worked Per Week:	Hours Worked Per Week	Hours Worked Per Week
Work Week Schedule:	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
Indicate Shift:		
Funding Source/Account Number(s):		888888
Courses (*Part-time Faculty Only):	Fall: # list	Fall: # list
# = number of courses	Spring: # list	Spring: # list
list = list the courses and credit hours		

Last Day Worked: _____ **Prior Service: (Select)** _____ **Prior Service Credit: (Select)** _____ **Essential Services:**

Attachments: application resume/vitae evaluation perf program background check release transcript

NOTES:

SEARCH WAIVER **OES DATE:** _____

Approvals:

Department Head _____ Approve Disapprove Date: _____

Provost/Vice President _____ Approve Disapprove Date: _____

President _____ Approve Disapprove Date: _____

HR ONLY	OLD	NEW	Clearance _____ Valid thru _____ Cert #: _____ List#: _____
Ben Flag			Score: _____ Prob Min _____ Prob Max: _____ ACT _____ ACT _____ RSN _____ NYSTEP _____
Neg. Unit			Letter Type _____ Letter _____ Date: _____
RET SYS:			PayServ: _____ Term Agency(s) _____ Empl Rcd _____ Active Agency(s) _____ Empl Rcd _____
ACT _____ RSN _____			SUNY HR _____ HR Approval _____ Payroll Approval _____ PP* _____
ACT _____ RSN _____			Rev. 3/14

Example 7: NEW CLASSIFIED Secretary 1 (Classified, PSR, Full-time, CAL/ANN)

Payroll Effective Date (b.o.b.): 07/03/2014

Payroll End Date (c.o.b.): (leave blank)

Budget Title & Grade or Rank: Secretary 1, SG-11

Local Title (MC, Professional & Faculty): Secretary 1

Appointment Type: Contingent/Permanent-Classified

Salary Pay Basis: Annual

Salary/Stipend: At the time the appointment form is submitted leave this field blank, the salary will either be the hiring rate of the salary grade or will be calculated by HR

This information tells us:

- New Secretary 1 being hired 07/03/2014 (beginning of pay period)
- Department will consult with HR directly on the specifics of a classified appointment