

SUNY GENESEO

STATEMENT OF AVAILABILITY FOR PART-TIME FACULTY

In accordance with Volume XI, Section 3.0100 of the New York State Accounting System User Procedure Manual, I met my first class on the scheduled date and hour.

NAME _____

DEPARTMENT _____

SIGNATURE _____

DATE _____

The above named faculty member was present for his/her first class of the semester.

DEPARTMENT CHAIR'S SIGNATURE

**PLEASE RETURN THIS FORM TO THE PERSONNEL OFFICE AS SOON AS
POSSIBLE. THE FIRST PAYCHECK CANNOT BE RELEASED UNTIL THE
STATEMENT OF AVAILABILITY IS ON FILE.**