GENESEO

ATF#_____

Employment Recommendation (GER) ☐ Revised **Reappointment** **[Separation Type] PP:10**

Stanley S Steamer	- - 6789	01/01/1950	Non-Veteran	
Salutation, First Name, MI, Last Name	* SSN (New Employee)	Date of Birth	Military Status	
1111 Main Street **Anytown, NY 11111**	**Schrader Hall**	**131**	**5726**	**585-222-2222**
Home: Street, City, State, Zip	Campus Building	Room	Office Phone	Home Phone

Retired Public Employee? ☐ Yes ☒ No | If yes, date of retirement: | Retirement System: **(Select)**

Previous/Current State Service? ☒ Yes At: SUNY Geneseo ☐ 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 (Complete all fields for current or returning employees)	**New** (Complete only fields that are changing for current or returning)
Payroll Effective Date (b.o.b.):	08/01/2013	08/01/2014
Payroll End Date (c.o.b.):	07/31/2014	07/31/2015
Employee Obligation to Department:	08/01/2013 - 05/31/2014	08/01/2014 - 05/31/2015
Department:	Residence Life	
Line Number:	12345	
Budget Title & Grade or Rank:	Residence Hall Director, SL2	
Local Title (MC, Professional & Faculty):	Residence Director	
Appointment Type:	Term - Faculty, Professional	
Supervisor's Name:	Cathy Engel	
Payroll Obligation:	College Year	
Salary Pay Basis:	College Year Full	
Salary/Stipend:	$35,000.00	
Full-time, Part-time, or Leave %:	☒ FT 100% PT % Leave %	☐ 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

	Current/Previous	New
Indicate Shift:		
Funding Source/Account Number(s):	888888	
Courses (*Part-time Faculty Only): # = number of courses list = list the courses and credit hours	Fall: # list Spring: # list	Fall: # list Spring: # list

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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: _____

Example 6: RETURNING CYF Residence Hall Director (PSR, Full-time, CYF/ANN (CY))

Payroll Effective Date (b.o.b.): 08/01/2014
Payroll End Date (c.o.b.): 07/31/2015
NEW Employee Obligation to Department: 08/01/2014 – 05/31/2015
PREVIOUS Employee Obligation to Department: 08/01/2013 – 05/31/2014
Budget Title & Grade or Rank: Residence Hall Director, SL2
Local Title (MC, Professional & Faculty): Residence Director
Appointment Type: Term
Payroll Obligation: College Year
Salary Pay Basis: College Year Full

This information tells us:

- The department is recommending to renew this Residence Hall Director for 1 year; maximum renewal of 3 years
- Previous 1 year term of 08/01/2013 to 07/31/2014 – begin new 1 year term appointment from 08/01/2014 to 07/31/2015
- The employee's obligation runs from 08/01/XXXX to 05/31/XXXX in any given 1 year appointment; for this timeframe they are paid from 08/01/XXXX to 07/31/XXXX (College Year); they work 10 months and are paid over 12 months
- Departments expectation with this example is to recognize how the College Year mode is appointed