

Employment Recommendation (GER)

POSTING# C100

New Hire

PP:05

Ms. Amy Adams		- - 5555	1/1/1951	ESSENTIAL SERVICES : <input type="checkbox"/>	
Salutation, First Name, MI, Last Name		* SSN (New Employee)	Date of Birth	DDC LISTSERV : <input type="checkbox"/>	
4 Apple Ave, Avon, NY 44444		Integrated Science Center	100	5555	585-243-3333
Legal Address: Street, City, State, Zip		Campus Building	Room	Office Phone	Primary Phone
Retired Public Employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date of retirement:					

\*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.)

Payroll Effective Date (b.o.b.):		05/28/2020
Payroll End Date (c.o.b.):		
Employee Obligation to Department:	-	-
Department:		Biology
Line Number:		
Budget Title & Grade or Rank:		Administrative Assistant 1, SG-11
Local Title (MC, Professional & Faculty):		
Appointment Type:		Permanent - Professional, Classified
Supervisor's Name:		Professor Brian Biology
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	37.5 Hours Worked Per Week
Work Week Schedule:	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
		X X X X X X
Indicate Shift:		Monday - Friday, 8 am -4:15 pm
Funding Source/Account Number(s):		860559
Courses (*Part-time Faculty Only): # = number of courses list = list the courses and credit hours	Fall: # list Spring: # list	Fall: # list Spring: # list

Prior Service: (Select) Prior Service Credit: (Select)

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

NOTES:

**Approvals:**

Department Head \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet-level Administrator \_\_\_\_\_ Date: \_\_\_\_\_

President \_\_\_\_\_ Date: \_\_\_\_\_

HR ONLY	OLD	NEW	Clearance _____ Valid thru _____ Cert #: _____ List#: _____
Ben Flag			Score: _____ Prob Min _____ Prob Max: _____
Neg. Unit			ACT _____ ACT _____ RSN _____ NYSTEP _____
Health Insurance: Y or N			Letter Type _____ Letter _____ Date: _____
HI Eligibility Date: _____			PayServ: (Circle) Term, Active or No Record – Agency(s)/Empl#: _____
ACT _____ RSN _____			HR Approval _____ HR Letter Approval _____ Payroll Approval _____ PP* _____
ACT _____ RSN _____			

