

GENESEO

REVISED SEARCH WAIVER

Employment Recommendation (GER)

POSTING#

Leave/Sabbatical

PP: _____

Professor Jimmy Fallon	- - 5555	05/05/1975	ESSENTIAL SERVICES : <input type="checkbox"/>	
Salutation, First Name, MI, Last Name	* SSN (New Employee)	Date of Birth	DDC LISTSERV : <input checked="" type="checkbox"/>	
1 Rockefeller Center, NY, NY 55555	Brodie Hall	229	5555	555-555-5555
Legal Address: Street, City, State, Zip	Campus Building	Room	Office Phone	Primary Phone
Retired Public Employee? <input type="checkbox"/> Yes <input 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.):		09/01/2021
Payroll End Date (c.o.b.):		12/31/2021
Employee Obligation to Department:	-	-
Department:	Theatre & Dance	
Line Number:	555	
Budget Title & Grade or Rank:	Professor	
Local Title (MC, Professional & Faculty):	Professor & Chair	Professor
Appointment Type:	Continuing - Faculty, Librarians	
Supervisor's Name:	Provost	
Payroll Obligation:	Academic Year	
Salary Pay Basis:	Calendar	
Salary/Stipend:	\$85,000	
Full-time, Part-time, or Leave %:	<input checked="" 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):	876049	
Courses (*Part-time Faculty Only):	Fall: # list	Fall: # list
# = number of courses	Spring: # list	Spring: # list
list = list the courses and credit hours		

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

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

NOTES: Sabbatical leave half year/full pay

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 _____			