

**STATE UNIVERSITY OF NEW YORK**  
REQUEST FOR APPROVAL OF PROFESSIONAL APPOINTMENT  
(CONTINUING AND PERMANENT STATUS)

**DATE STAMP (for U-wide HR use only)**

<b>INSTRUCTIONS</b>	1. Complete for all appointment processes requiring approval of the Chancellor or the Board of Trustees. 2. Forward one copy to the Director, University-Wide Human Resources 3. Appointments cannot be processed unless a copy of the appropriate Oath of Office is attached. 4. Use Remarks section for explanation of dual appointments with other campuses, academic rank for M/C appointees, etc.		
<b>CAMPUS</b>			
<b>EMPLOYEE</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.    First Name    MI    Last Name		SUNY ID
	Prior Name Change Verification    First Name    MI    Last Name		Degrees Held
	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO:	Applied for First Papers: <input type="checkbox"/> YES <input type="checkbox"/> NO	Non-Citizen: Visa Type    Has Immigration Authorized Employment?
<b>PRIOR SERVICE</b>	Prior Service In State University    Date    -    -    -    Title    Campus	Granted SUNY Prior Service <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Non-SUNY Prior Service Credit (Academic Staff)	a. Number of Years    b. Institution(s)	Granted Non-SUNY Prior Service <input type="checkbox"/> YES <input type="checkbox"/> NO
	Title, Salary and Employer (if known)		Start Date:    End Date:    Stop-The-Clock:
<b>APPOINTMENT</b>	Campus Title		Employee Status <input type="checkbox"/> Management/Confidential <input type="checkbox"/> Academic Employee <input type="checkbox"/> Professional Employee
	Division and Department		
	Item No., Budget Title and Grade		Status <input type="checkbox"/> Continuing <input type="checkbox"/> Permanent
	Salary    and    Effective Date		Previously Granted <input type="checkbox"/> Continuing <input type="checkbox"/> Permanent
<b>LEAVE</b>	Type <input type="checkbox"/> Extended Sick <input type="checkbox"/> Maternity Extension <input type="checkbox"/> With Pay: Salary Rate		Early Consideration (Letter from employee must be attached) <input type="checkbox"/> YES <input type="checkbox"/> NO
	Period of Leave    From:    To:		
<b>OATH OF OFFICE</b>	Academic Staff: Form B69R <input type="checkbox"/> All Others: G 110-665 <input type="checkbox"/> Attached <input type="checkbox"/>		
<b>Retro Date?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    COMMENTS: (Explanation is necessary and will be evaluated. Attach a separate sheet of paper if necessary)		
<b>REMARKS</b> (Attach a separate sheet of paper if necessary)		<b>APPROVED:</b>	
		Campus President    Date	
<b>UNIVERSITY WIDE HR SUP ONLY</b>	<b>University-wide Human Resources</b>	Reviewed By: _____ Date: _____	<b>OATH OF OFFICE</b> <input type="checkbox"/> Received <input type="checkbox"/> On File    Initials _____
	<b>APPROVED: CHANCELLOR</b>		<b>Date:</b> _____

Distribution: Forward one (1) copy to University-wide Human Resources, State University Plaza. (Upon completion of action, a copy will be returned to campus President)