

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

DATE STAMP (for U-wide HR use only)

INSTRUCTIONS		<ol style="list-style-type: none"> 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. 				
CAMPUS						
EMPLOYEE	<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	
	US. 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?		
PRIOR SERVICE	Date Prior Service In State University		Title -	Campus	Granted SUNY Prior Service <input type="checkbox"/> YES <input type="checkbox"/> NO	
	a. Number of Years Non-SUNY Prior Service Credit (Academic Staff)				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:
APPOINTMENT	Campus Title Division and Department		Employee Status <input type="checkbox"/> Management/Confidential <input type="checkbox"/> Academic Employee <input type="checkbox"/> Professional Employee			
	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			
	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			
LEAVE Period of Leave From: To:						
OATH OF OFFICE Academic Staff: Form B69R <input type="checkbox"/> All Others: G 110-665 <input type="checkbox"/> Attached <input type="checkbox"/>						
Retro Date? <input type="checkbox"/> Yes <input type="checkbox"/> No COMMENTS: (Explanation is necessary and will be evaluated. Attach a separate sheet of paper if necessary)						
REMARKS (Attach a separate sheet of paper if necessary)		APPROVED: Campus President Date				
UNIVERSITY WIDE HR SUP ONLY	University-wide Human Resources		Reviewed By: _____ Date: _____		OATH OF OFFICE <input type="checkbox"/> Received <input type="checkbox"/> On File Initials _____	
	APPROVED: CHANCELLOR		Date:			

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)