FORM UP-3
C2629-778
Rev. 12/18

STATE UNIVERSITY OF NEW YORK

REQUEST FOR APPROVAL OF PROFESSIONAL APPOINTMENT

(CONTINUING AND PERMANENT STATUS)

DATE STAMP (for U-wide HR use only)

INSTRUCTIONS	**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	☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Dr.** First Name MI Last Name — SUNY ID Prior Name Change Verification First Name MI Last Name — Degrees Held US. Citizen ☐ YES ☐ NO IF NO: Applied for First Papers: ☐ YES ☐ NO Non-Citizen: Visa Type Has Immigration Authorized Employment?
PRIOR SERVICE	Date Title Campus — Granted SUNY Prior Service ☐ YES ☐ NO Prior Service In State University a. Number of Years b. Institution(s) Non-SUNY Prior Service Credit (Academic Staff) — Granted Non-SUNY Prior Service ☐ YES ☐ NO Title, Salary and Employer (if known) Start Date: End Date: Stop-The-Clock:
APPOINTMENT	Campus Title Division and Department Item No., Budget Title and Grade Salary and Effective Date Employee Status ☐ Management/Confidential ☐ Academic Employee ☐ Professional Employee Status ☐ Continuing ☐ Permanent Previously Granted ☐ Continuing ☐ Permanent
LEAVE	Type ☐ Extended Sick ☐ Maternity Extension ☐ With Pay: Salary Rate Period of Leave From: To: Early Consideration (Letter from employee must be attached) ☐ YES ☐ NO
OATH OF OFFICE	Academic Staff: Form B69R ☐ All Others: G 110-665 ☐ Attached ☐
Retro Date?	☐ Yes ☐ 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
☐ Received
☐ 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)