

Farmingdale State College

AUTHORIZATION FOR PROFESSIONAL APPOINTMENT

APPOINTEE'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____

Was appointee previously employed at this College? YES ☐ NO ☐

If YES, date employee last worked here ____/____/____

Previous Title _____ Previous Department _____

TITLE OF NEW APPOINTMENT _____

Campus Title

Budget Title

☐ Full Time Annual Salary SL Grade _____

Salary: \$ _____ ☐ Other (describe) _____

Dept. Name _____ Dept. No. _____ Line No. _____ Permanent Line: Yes or No (circle one)

Beginning Date: ____/____/____ Ending Date: ____/____/____ Immediate Supervisor: _____

TYPE OF APPOINTMENT

Check one only

Check one only

Check one only

Check one only

Term ☐ Calendar Year ☐ Full Time ☐ State-purpose ☐

Temporary ☐ Academic Year ☐ Part Time ☐ I.F.R. ☐

Mgt. Conf. ☐ Fall Acad. Semester ☐ Research Fdn. ☐

Permanent ☐ Spring Acad. Semester ☐ EOC/State Purpose ☐

Grant Period ☐

Non-Specific Duration ☐

APPOINTEE REPLACES _____ If self, check here ☐

Title: _____ Reason employee separated from College _____

_____ Date: ____/____/____ Salary \$ _____

Department Name: _____ Line No. _____

If not a replacement, please indicate reason for this appointment: _____

AFFIRMATIVE ACTION: Has an affirmative action search been completed? YES or NO

If NO, please state the reason(s) _____

Ethnic Code _____ Sex: MALE ☐ FEMALE ☐

BUDGET STATUS: (If permanent line number) Is position established on an approved Budget Certificate?

YES ☐ NO ☐

If NO, please comment _____

Is the salary within the current certificate range? YES ☐ NO ☐

If NO, how will funds be made up? _____

If Temporary Line Number, are the fiscal inputs on this APA form in order? YES ☐ NO ☐

If NO, please explain _____

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APPOINTEE: _____

APPROVED (signatures):

Chairperson/Supervisor: _____ Date ____/____/____

Dean (if academic department): _____ Date ____/____/____

Division V.P.: _____ Date ____/____/____

A.A. Officer: _____ Date ____/____/____

Budget Officer: _____ Date ____/____/____

Research Foundation

Fiscal Designee

Senior Vice President & CFO: _____ Date ____/____/____