

**ADJUNCT APPOINTMENT AUTHORIZATION FORM**

New Adjunct (resume attached)  Returning Adjunct  Extra Service – Faculty (UP-8 attached)  Dual Employed

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Is this employee active at another State Agency? **yes no** *(If yes box is checked, form 1588 needs to be completed.)*  Was this individual previously employed at another State Agency? **yes no**  If yes, Agency’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s prior position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Termination date: **\_\_** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, MI) | Last 4 Digits SSN | Semester | Year |
| Department/Program | SUNY ID (HR) | Begin Appt. Date | End Appt. Date |
| Account # | LINE # (HR) | Appointment Type  Temp  Term  Annual | |
| Supervisor |  |  | |

*NOTE: Please notify the Office of Academic Administration, Whitman Hall – Room 247 x 6201 with any changes.*

**ASSIGNMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course #** | **CRN#** | **Rank** | **Inst. Type\*\*** | **Clock Hrs.** | **Rate** | **Total** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***TOTAL CONTRACTED AMOUNT*** | | | | | | |

*\*\* INSTRUCTION TYPE: Lecture – LEC, Laboratory – LAB, Clinic – CL, Independent Study – IND, On-line – OL, Hybrid – HYB*

**PAYROLL WORKSHEET**

|  |  |  |
| --- | --- | --- |
| **Payroll Dates:** | **# of Biweekly Payments** | **Biweekly Rate:** |

|  |  |  |
| --- | --- | --- |
| **RGS Payments** | | ***COMMENTS:*** |
| **Dates** | **Payment** |
|  |  |
|  |  |
|  |  |

**AUTHORIZATION SIGNATURES**

***Printed Name*  *Signature***

|  |  |  |  |
| --- | --- | --- | --- |
| Department Chair |  |  | Date: |
| Dean |  |  | Date: |
| Provost (or designee) |  |  | Date: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR HUMAN RESOURCES/BUDGET USE ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I-9 | HRMS/Person | HRMS-Appt. | 1040 | Payroll | Benefits Eligible? | Rolodex | Time Records | UP-8 | Budget |
|  |  |  |  |  |  |  |  |  |  |

*SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| STAMPING AREA |

*Rev. 9/2016* ***APPROVED \_\_\_\_\_\_\_\_\_\_\_***