

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