Potsdam
STATE UNIVERSITY OF NEW YORK

EMPLOYMENT APPOINTMENT FORM

A. EMPLOYEE INFORMATION

NAME: _____
First Middle Last

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

B. APPOINTMENT INFORMATION

DEPARTMENT: _____ BUDGET TITLE: _____

APPOINTMENT TYPE (CHECK ALL THAT APPLY): ☐ FT Term ☐ PT Term_____% ☐ FT Temp ☐ PT Temp_____%

☐ MC ☐ Casual ☐ Volunteer ☐ Stipend ☐ Additional Assignment ☐ Summer Session ☐ Winterim

☐ Extra Service (By checking this box, I certify that this extra service will not interfere with the employee's normal obligation to the college, has been approved by their immediate supervisor and is limited to 20% of the base pay)

APPOINTMENT DATE: From (mm/dd/yy): _____ To (mm/dd/yy): _____

OBLIGATION: ☐ Academic Year (10 mos.) ☐ Calendar Year (12 mos.) ☐ College Year (less than 12 mos.) ☐ Summer Session ☐ Winterim

Period of no obligation: From (mm/dd/yy): _____ To (mm/dd/yy): _____

Comments: _____

_____

C. COURSE DETAIL

COURSE NO.	*COURSE NAME*	*DATES/TIMES*	*# OF CREDITS*	*SALARY*	ACCOUNT #	PAYROLL DATES

D. BUDGET AND PAYROLL INFORMATION

TOTAL SALARY: _____ PSR: ☐ TEMP SERVICE: ☐

E. AUTHORIZATIONS

EMPLOYEE: _____ Date: _____
(For Extra Service, Summer Session & Winterim Only)

By signing above, I certify that this Extra Service, Summer Session, or Winterim will not interfere with my normal obligation to the college, has been approved by my immediate supervisor, and is limited to 20% of my base pay (Extra Service Only).

DEPT. CHAIR/SUPERVISOR: _____ Date: _____

DEAN/DIRECTOR: _____ Date: _____

VICE PRESIDENT: _____ Date: _____

HUMAN RESOURCES: _____ Date: _____

F. DEAN/DIRECTOR USE ONLY

☐ High Priority Processing

☐ Maintain Active CCA (returning Adjuncts)

G. PAYROLL USE ONLY