



STATEMENT OF REQUIRED ASSIGNMENTS & OFFER FORM PART-TIME FACULTY (UUP/08)

Department Instructions:

1. Department complete sections 1-8, Department Chair signs and identifies account information.
2. Submit form with necessary attachments for Employee acceptance.
3. Department submits completed form, with necessary attachments, to the Dean's Office for processing.

STATE UNIVERSITY OF NEW YORK

Employee Instructions:
Please sign and return this form along with the enclosed documents to your department. This form and attached documents are required to process the appointment.

Section 1					
Date:	New Appointment (First appointment to USB)	Re-Appoint with Break Re-appoint with No Break	Extra Service (Refer to Extra Service guidelines)	Post Retirement (Requires Dean's prior approval)	Revision
Department Where Working			Appointed in another department? If so where? YES No Where:		

Section 2		
Employee's Last Name	Employee's First Name	MI

Section 3		Appointment Type*		Salary Rate (not annualized)
Social Security No.	Employee Title	Term	Temporary	\$ **

Section 4		APPOINTMENT PERIOD (Select One)		Special Notes:	
Fall Semester _____ (Year)		Spring Semester _____ (Year)		* A temporary appointment shall be an appointment that may be terminated at any time. A term appointment is granted for longer than a year and to an individual appointed for 6 consecutive semesters, and requires notice of non-renewal. Policies of the Board of Trustees, Article XI, Title F, §1 & 2.	
Academic Year _____ - _____ (i.e. 99-00)		For the period: Start Date: _____ to End Date: _____*		** Subject to contractual increases.	

Section 5				ASSIGNMENTS and/or DUTIES			
FALL SEMESTER				SPRING SEMESTER			
Total Number of Courses :				Total Number of Courses :			
Course No.	Course Title	Course No.	Course Title	Course No.	Course Title	Course No.	Course Title
Advising:				Advising:			
Research or Other Activities				Research or Other Activities			

Section 6		EMPLOYEE HEALTH INSURANCE	
Health Insurance & UUP Benefit Trust Fund Eligible?			
YES (Please refer to attached Benefits Summary for information.)		No	

Section 7			DOCUMENTS		OTHER IMPORTANT INFORMATION	
Documents to Provide the Employee:			New Appointment	Re-Appointment		Appointments are subject to the Policies of the Board of the Trustees, Article XI, and subject to the Agreement Between United University Professions and the State of New York. 2. Leave Accruals – refer to Article 23 of the Agreement Between the United University Professions and the State of New York.
Policies of the Board of Trustees			Yes	No		
Documents that must be completed, signed & returned:						
SBU Application Form			Yes	No (if within six months)		
Oath of Office/Public Officer's Law			Yes	No		
Demographic Form with C.V.			Yes	If Changed		
Federal & State Tax Withholding Form			Yes	If > 1 yr. break		
I-9 Form (INS Employment Eligibility)			Yes	If > 1 yr. break or changed status		

Offered By		Employee Acceptance of Offer	
James V. Staros, Dean		This offer of employment is contingent upon the outcome of the pre-employment background investigation which you authorized in your application for employment. I accept the offer as described above and have received the documents checked in Section 7: Employee Signature	

Section 8			
Department Chair Signature	Date	Account # 1	Percent/Amount # 1
Dean/VP Coordinator Signature	Date	Account # 2	Percent/Amount # 1