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|  | | | | Statement of Required Assignments & Offer FormPart-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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 Reports to position # | | | | | | | | | | | | | | Appointed in another department? If so where? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **YES  No Where:** | | | | | | | | | | | | | | | | | |
| Section 2 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee's Last Name | | | | | | | | | | | | | | Employee's First Name | | | | | | | | | | | | | | | | MI | |
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| Section 3 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security No. (1st appt only)  SB ID# (after 1st appt) | | Employee Title | | | | | | | | | | | | | | | | | | Appointment Type\* | | | | | | Salary Rate (not annualized) | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | Term  Temporary | | | | | | **$** **\*\*** | | | | | |
| Section 4 | | | | APPOINTMENT PERIOD (Select One) | | | | | | | | | | | | | | **Special Notes:** | | | | | | | | | | | | | |
| **Fall Semester       (Year)** | | | | | | | | | | | | | | | | | | **\*** A ***temporary appointment*** shall be an appointment which may be terminated at any time. A ***term appointment*** shall be an appointment for a specified period of not more than 3 years and subject to a notice of non-renewal. An individual who has been granted a term appointment, but for whom classroom enrollment is inadequate, shall have no entitlement to salary, benefits or any other rights or privileges, and the appointment will be terminated. (*Policies of the Board of Trustees*, Article XI, Titles D and F)  **\*\*** Subject to contractual increases. | | | | | | | | | | | | | |
| **Spring Semester       (Year)** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Academic Year       -       (i.e. 99-00)** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **For the period: Start Date:** **to End Date:** \* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Section 5 | | | | **ASSIGNMENTS and/or DUTIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fall Semester** | | | | | | | | | | | | | | | | **Spring Semester** | | | | | | | | | | | | | | | |
| **Total Number of Courses :** | | | | | **List course information below** | | | | | | | | | | | **Total Number of Courses :** | | | | | | | | **List course information below** | | | | | | | |
| Course No. | Course Title | | | Course credits | | Course Credit Equivalent | | | | Course Contact Hours | | | | | | Course No. | | | Course Title | | | | | | Course credits | | Course Credit Equivalent | | | | Course Contact Hours |
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| Advising: | | | | | | | | | | | | | | | | Advising: | | | | | | | | | | | | | | | |
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| Research or Other Activities | | | | | | | | | | | | | | | | Research or Other Activities | | | | | | | | | | | | | | | |
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| Section 6 | | | | **EMPLOYEE HEALTH INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Insurance & UUP Benefit Trust Fund Eligible? (PRIOR TO COMPLETING SECTION 6, PLEASE REFER TO UUP BENEFITS SUMMARY AND OTHER IMPORTANT INFORMATION, ITEM 3 BELOW.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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* | | | | | | | | | |
| Policies of the Board of Trustees | | | | | | | Yes | | | | | | | | No | | | | | | | *Trustees, Article XI, and subject to the Agreement Between* | | | | | | | | | |
| *Documents that must be completed, signed & returned:* | | | | | | | | | | | | | | | | | | | | | | *United University Professions and the State of New York.* | | | | | | | | | |
| SBU Application Form | | | | | | | | Yes | | | | | | | No (if within two semesters) | | | | | | | *Leave Accruals – refer to Article 23 of the Agreement* | | | | | | | | | |
| Pre-Employment Criminal Background Data Form | | | | | | | | Yes | | | | | | | No (if within two semesters) | | | | | | | *Between the United University Professions and the* | | | | | | | | | |
| Oath of Office/Public Officer’s Law | | | | | | | | Yes | | | | | | | No (if within two semesters) | | | | | | | *State of New York.* | | | | | | | | | |
| Employee Information Form with CV. | | | | | | | | Yes | | | | | | | If Changed | | | | | | | ***3. Benefits Eligibility – refer to Article 39.9 of the Agreement Between the United University Professions and the State of New York.*** | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | |
| Name & Title required | | | | | | | | | | |  | **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: Date: | | | | | | | | | | | | | | | | | | | |
| Section 8 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signature | | | | | | | | | | | | | Date | | | | | | | | Account # 1 | | | | | | | Percent/Amount # 1 | | | |
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| Authorized Signature | | | | | | | | | | | | | Date | | | | | | | | Account # 2 | | | | | | | Percent/Amount # 1 | | | |
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| Provost Office 01/2019 Part-time Faculty Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |