|  |  |
| --- | --- |
|  | 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 |
|  |  |  |
| 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 :**  | **Total Number of Courses :** |
| Course No. | Course Title | Course No. | Course Title |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| 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* |
| [ ]  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.* |
| [ ]  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 |
| 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 |
|  |  |  |  |
| Authorized Signature  | Date | Account # 2 | Percent/Amount # 1 |
|  |  |  |  |
| Provost Office 09/03/13 Part-time Faculty Form |