

Fredonia, New York

**Effective Date:**

Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Social Security Number
Home Address & Phone #	Date of Birth

Title & Assignment		
Budget Title Campus Title Department Campus Address (Building, Room, Phone #)	Budget Title Code Campus Title Code Department Code Proposed Line	<b>Appointment Status</b> <input type="checkbox"/> Initial <input type="checkbox"/> Change in Status* <input type="checkbox"/> End of Appointment* • Explain in

Appointment Data	
Recommended Compensation _____ <input type="checkbox"/>	Part Time <input type="checkbox"/> Full Time

<b>Professional Obligation:</b> <input type="checkbox"/> Academic Yr. <input type="checkbox"/> Calendar Yr. <input type="checkbox"/> College Yr. <input type="checkbox"/> Semester <input type="checkbox"/> Other (specify)	<b>Appointment Condition:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Continuing <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary <input type="checkbox"/> Term
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<b>Appointment Type:</b> <input type="checkbox"/> Academic <input type="checkbox"/> Classified <input type="checkbox"/> Grad. Assistant <input type="checkbox"/> Management <input type="checkbox"/> Professional	Reappointment Notice Date	Cont./Perm. Appoint. Date
	Term Expiration Date	Term Duration

Supervisor's Name: \_\_\_\_\_ & Line # \_\_\_\_\_ Prior Yrs. Service Credit? \_\_\_\_\_

Recommended By \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS

### Budget/Payroll/Human Resources Use

**Civil Service:** List # & Title \_\_\_\_\_ PLEP Clearance \_\_\_\_\_  
Score \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Budget	Budget	Salary	Line # _____
Department	Title	Grade	
Funding Source: <input type="checkbox"/> SIR <input type="checkbox"/> IFR <input type="checkbox"/> DIFR <input type="checkbox"/> Other	Pay Basis Code: <input type="checkbox"/> Annual <input type="checkbox"/> BiW @ _____ <input type="checkbox"/> 21 <input type="checkbox"/> Extra Service <input type="checkbox"/> Cal <input type="checkbox"/> Fee <input type="checkbox"/> CYP <input type="checkbox"/> Other		Effective Pay Period # _____ FTE _____ SALARY Base \$ _____ Addtl Comp \$ _____ \$ _____ TOTAL \$ _____ • OTHE \$ _____ BUDGET SALARY Annual \$ _____ Semeste \$ _____
Budget Approval _____ Date _____			
INITIAL &	BUDGE	PAYROL	HUMAN
HRM			
Authorize			
Classify			
PDME			
Payroll			
Deductions			

President's Approval \_\_\_\_\_ Date \_\_\_\_\_