

STATE UNIVERSITY OF NEW YORK

REQUEST FOR APPROVAL OF PROFESSIONAL APPOINTMENT

(DISTINGUISHED PROFESSORS, CONTINUING AND PERMANENT STATUS, SPECIAL LEAVES AND OTHERS)



INSTRUCTIONS:	1. Complete for all appointment processes requiring approval of the Chancellor or the Board of Trustees. 2. Forward first three copies to the Vice Chancellor for Faculty and Staff Relations. 3. Include Vita or Form UP-4. 4. Appointments cannot be processed unless appropriate Oath of Office is attached, or is on file in Albany. 5. Use Remarks section for explanation of leaves, dual appointments with other campuses, etc.		
CAMPUS			
EMPLOYEE	<input type="checkbox"/> Mr. First Middle Last <input type="checkbox"/> Ms.	Social Security Number _____	
	Date of Birth Mo. Day Year Degrees Held	Retired Public Employee? <input type="checkbox"/> NO <input type="checkbox"/> YES	
	U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: Applied for First Papers: <input type="checkbox"/> YES <input type="checkbox"/> NO	Non-Citizen: Visa Type _____ Has Immigration Authorized Employment? _____	
PRIOR SERVICE	Prior Service In State University Date Title Campus	Date Title Campus	
	Non-SUNY Prior Service Credit (Academic Staff)	a. Number of Years	b. Institution(s)
	Present Title, Salary and Employer (If Known)		
APPOINTMENT	Title		Employee Status <input type="checkbox"/> Management/Confidential <input type="checkbox"/> Academic Employee <input type="checkbox"/> Professional Employee
	Division and Department		
	Item No., Budget Title, and Grade		
	Salary and Effective Date		Duration <input type="checkbox"/> Continuing <input type="checkbox"/> Permanent <input type="checkbox"/> Term, Ending _____ <input type="checkbox"/> At Pleasure
LEAVE	Type <input type="checkbox"/> Extended Sick <input type="checkbox"/> Maternity Extension <input type="checkbox"/> With Pay: Salary Rate _____	Professional Obligation <input type="checkbox"/> College Yr. <input type="checkbox"/> Academic Yr. <input type="checkbox"/> Calendar Yr.	
	Period of Leave From _____ to _____		
OATH OF OFFICE	Academic Staff: Form B69R <input type="checkbox"/> <input type="checkbox"/> Attached All Others: G 110-665 <input type="checkbox"/> <input type="checkbox"/> Previously submitted Date _____	Vita Att'd? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Appointment has complied with AAO Procedures: <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" why exempt _____		
REMARKS (Attach a separate sheet of paper if necessary)			
APPROVED: _____ President Date			
CENT. ADMIN. USE ONLY	OFFICE OF FACULTY AND STAFF RELATIONS	Reviewed By: _____ Date: _____	OATH OF OFFICE <input type="checkbox"/> Received <input type="checkbox"/> On File INITIALS _____
	APPROVED: CHANCELLOR Date: _____		SECRETARY OF THE UNIVERSITY <input type="checkbox"/> Approved by Board of Trustees <input type="checkbox"/> Reported in Minutes Date: _____

DISTRIBUTION: WHITE COPY
 GREEN COPY
 YELLOW COPY
 PINK COPY
 GOLD COPY

To Vice Chancellor for Faculty and Staff Relations – Central Administration
 (Upon completion of action, yellow copy will be returned to the President.)
 Campus Use