



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.

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:	<input type="checkbox"/> New Appointment (First appointment to USB)	<input type="checkbox"/> Re-Appoint with Break <input type="checkbox"/> Re-appoint with No Break	<input type="checkbox"/> Extra Service (Refer to Extra Service guidelines)	<input type="checkbox"/> Post Retirement (Requires Dean's prior approval)	<input type="checkbox"/> Revision
Department Where Working	Reports to position #	Appointed in another department? If so where? <input type="checkbox"/> YES <input type="checkbox"/> No		Where:	

Section 2

Employee's Last Name	Employee's First Name	MI
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Section 3

Social Security No. (1 st appt only) SB ID# (after 1 st appt)	Employee Title	Appointment Type* <input type="checkbox"/> Term <input type="checkbox"/> Temporary	Salary Rate (not annualized) \$ **
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Section 4

APPOINTMENT PERIOD (Select One)	Special Notes:
<input type="checkbox"/> Fall Semester ____ (Year) <input type="checkbox"/> Spring Semester ____ (Year) <input type="checkbox"/> Academic Year ____ - ____ (i.e. 99-00) <input type="checkbox"/> For the period: Start Date: ____ to End Date: ____ *	<p>* 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. (<i>Policies of the Board of Trustees, Article XI, Titles D and F</i>)</p> <p>** Subject to contractual increases.</p>

Section 5

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
Advising:					Advising:				
Research or Other Activities					Research or Other Activities				

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	<ol style="list-style-type: none"> 1. 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. 3. Benefits Eligibility – refer to Article 39.9 of the Agreement Between the United University Professions and the State of New York.
<input type="checkbox"/> Policies of the Board of Trustees	Yes	No	
Documents that must be completed, signed & returned:			
<input type="checkbox"/> SBU Application Form	Yes	No (if within two semesters)	
<input type="checkbox"/> Pre-Employment Criminal Background Data Form	Yes	No (if within two semesters)	
<input type="checkbox"/> Oath of Office/Public Officer's Law	Yes	No (if within two semesters)	
<input type="checkbox"/> Employee Information Form with CV.	Yes	If Changed	
<input type="checkbox"/> Federal & State Tax Withholding Form	Yes	If > 1 yr. break	
<input type="checkbox"/> I-9 Form (INS Employment Eligibility)	Yes	If > 1 yr. break or changed status	

Offered By Name & Title required	Employee Acceptance of Offer 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: _____
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Section 8

Authorized Signature	Date	Account # 1	Percent/Amount # 1
Authorized Signature	Date	Account # 2	Percent/Amount # 1