

Section 1: General Information on Position (This section to be completed by initiating office)

Department: ① Line# _____ Effective Date: From ② To _____
 Title (Official): ③ Title (Local): _____
 Commitment: F/T _____ P/T % _____ Salary: \$ _____ Salary Grade: _____
 Obligation: College Year _____ Calendar Year _____ Academic Year _____

Section 2: This Section to be completed by the Dean's/Administrative Officer's Office and Budget

Pay Basis: _____ Annual _____ Biweekly _____ Hourly Total FY Cost: _____	Funding from: Account Name: <u>④</u> Account Number: <u>⑤</u> Funding: PSR _____ Temp Service _____ IFR _____ Other _____	Transfer funds: TO or FROM Account Name: _____ Account Number: _____ PSR _____ Temp Service _____ OTPS _____ Comments: _____
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Section 3: APP Express (for actions affecting current employees only)

Name: _____ Address: _____
 Check appropriate action as listed below:
 _____ Renewal of Term Appointment (for term ending: _____)
 _____ Renewal of Temp Appointment (for appointment ending: _____)
 _____ Extra Service Payment (Note course/days per week in comment section below)
 _____ Promotion
 _____ Department Chair Appointment
 _____ Permanent (Professional) Appointment
 _____ Continuing (Faculty) Appointment
 _____ Summer Session _____ Other (describe) _____
 COMMENTS: _____

APPROVAL/REVIEW SIGNATURES:	DATE:
Chair/Supervisor	_____
Dean/Administrative Officer	_____
Vice President	_____
Payroll Director	_____
Budget Office	_____
Human Resources/Employee Services	_____
President	_____

Section 4: APP 1 - REQUEST TO SEARCH (to be completed by initiating office)

Search Requested: Search # _____
 Waiver of Search Requested:
 Attach justification for waiver and complete Section 5 below.
 Person responsible for search: _____
 Date position vacated: _____
 Previous incumbent: _____
 Justification: _____

SEARCH APPROVAL/REVIEW SIGNATURES:	DATE:
Chair/Supervisor	_____
Dean/Administrative Officer	_____
Vice President	_____
Payroll Director	_____
Budget Office	_____
Human Resources/Employee Services	_____

Section 5: APP 2 - REQUEST TO HIRE (to be completed by initiating office)

Name: John Doe
 Social Security #: XXX-XX-XXXX
 Home Address: 123 College Way
Oneonta, NY 13820
 Campus Address: Office # Phone: _____
 Campus Supervisor: Dept. Chair

Employed by another State Agency? _____ Yes _____ No
 If so, where: _____
 Retired from State Agency? _____ Yes _____ No
 If so, where: _____

Appointment type: _____ Probationary _____ Term
 _____ Continuing Temp
 _____ Permanent _____ Other _____

Student Advisement: _____ Yes _____ No

For Part-time Faculty, list courses: If term temp, must list Spring also
 Fall: Hist 145-04 3sh Spring: Hist 145 1sec.

HIRE APPROVAL/REVIEW SIGNATURES:	DATE:
Chair/Supervisor	_____
Dean/Administrative Officer	_____
Vice President	_____
Payroll Director	_____
Budget Office	_____
Human Resources/Employee Services	_____

Instructions for Completing APP Form for Adjuncts

Please fill in the following:

- #1 Department Name
- #2 Effective Dates:
For FY12/13 Adjuncts – Fall 8/16/12-1/2/13; Spring 1/3/13-5/22/13
- #3 Title is Adjunct
- #4 Department Name
- #5 Department Account No.
- #6 Do Not Complete: **Section 3** is completed ONLY for full-time faculty who are doing extra service, etc. as stated.
- #7 Adjunct's name
Social Security # - must have it filled in if they want to get paid
Home address
Campus address – office where they will get their mail
Campus phone
- #8 This is important information to get as it affects payroll paperwork needed to be done.
- #9 If this person is going to be assigned students to advise, you must check yes. If there is no check in either box, it will be assumed that the person will not be doing advisement.
- #10 Please list the courses including the section number this person will be teaching – CRN is also helpful to have.

It is extremely important to have accurate information in Section 5! Human Resources and Payroll generate the contract letter and the salary for the adjunct from this section. If, after submitting the APP, the adjunct's schedule must be changed, please send a request to change the schedule and revise the APP (e-mail is fine for this) to your Dean and Cindy Magee.

* **For those adjuncts who are term temp (have completed 6 or more consecutive semesters here), you must include both fall and spring courses on the Fall APP. Since you will not know what the spring courses will be when doing the fall APP, you can just list the Spring course i.e. HIST 101 and just say 1 section instead of a specific section number. Reminder: If the adjunct's schedule changes (i.e. teaches more or less sections than what was stated), you will need to do a revision notice to the appropriate Dean and Cindy Magee.

If the adjunct has never taught for the College, please write the word, NEW, next to the person's name. This tells us that the person must be entered into the BANNER system as an instructor.

Instructions for Completing APP Form for a Full-time Faculty person doing Extra Service

Please fill in the following:

- #1 Department Name
- #2 Effective Dates:
This is the date of the first class and the date of the last class (date of Final exam)
- #3 Title is Assistant, Associate, or full Professor according to individual's rank.
- #4 Department Name
- #5 Department Account No.
- #6 Complete **Section 3** – check extra service payment. Under comments please include the course number, section no., days and time the course meets and s.h. of the course.

If you have any questions, you can call

at 436-3405: Thank you:

Instructions for Completing APP Form for a Full-time Faculty person doing Extra Service

Please fill in the following:

#1 Department Name

#2 Effective Dates:

This is the date of the first class and the date of the last class (date of Final exam) or the actual date or dates the person will be working

#3 Title is Assistant, Associate, or full Professor according to individual's rank.

#4 Department Name

#5 Department Account No.

#6 Complete **Section 3** – check extra service payment. Under comments please include the course number, section no., days and time the course meets and s.h. of the course or a description of the duties the person will be completing such as attending XXX workshop, etc.

If you have any questions, you can call 436-3405. Thank you.