SUNY COLLEGE AT PLATTSBURGH - HUMAN RESOURCE SERVICES

**ADJUNCT REAPPOINTMENT FORM**

[ ]  Reappointment [ ]  Supersede [ ]  Clarify Spring Appointment

|  |
| --- |
| Employee Information |
|  |
| Name |  | SUNY ID |  | Line # |  | Acct # |  | % |  |
| Department |  | FTE |  | Acct # |  | % |  |
| Supervisor |       |  |  | Acct # |  | % |  |
| Budget Title/Grade |  | Campus Title |  |
| *(if different than budget title)* |
| Appointment Type: | **[ ]**  Temporary **[ ]**  Term  |
|  | Appointment Dates: | Obligation Dates: *(if different than appointment dates)* |
|  |  | through |  |  | through |  |
|  |
| ***Course Information*** |
| How many consecutive semesters has the part-time temporary employee worked, prior to this appointment? *After the 4th consecutive semester, a term appointment is required.* |
| # | Course No. | Course Title | # of Credit Hours | Salary per Course |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
|  |  | **Total Compensation** |  |
|  |  |  |  |  |  |  |  |
| Approvals/Signature Route |
|  |  |  |  |  |
| Department Director/Dean | Date |  | Budget Control Officer | Date |
| Provost/Vice President | Date |  | Human Resource Services | Date |
|  |  |  |  |  |
| Comments: |  |
| **Benefit Code: \_\_\_ NOR:\_\_\_\_\_\_\_\_\_\_ THIS LINE FOR HRS USE ONLY To Payroll: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_** |
| **Health Ins Elig? Y / N Effective Date: \_\_\_\_\_\_\_\_** | Initials | Date |
|  |  |  |  |  |  |  |  |