**BUFFALO STATE**

**FACULTY & PROFESSIONAL APPOINTMENT FORM**

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| **Employee Information:** | | | | | | | | | | | | | |
| Salutation | Last Name | | | | | | First Name | | | | Middle Initial | | |
| Street Address | | | City | | | | | | State | | | Zip Code | |
| U.S. Citizen?  Yes  No | | If no, type of Visa: | | |  | | | | | | | | |
| Retired Public Employee?  Yes  No | | | | If yes, Retirement Date: | | | |  | | Retirement System: | | |  |
| Previous/Current New York State Service?  No  Yes, at: | | | | | |  | | | | | | | |

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| **Employment Recommendation:** | | | | | | | | | | | | | | | | | | | | |
| Budget Title | | |  | | | | | | | | | | | | Rank | | | |  | |
| Local Title (if different from Budget Title) | | | | | | |  | | | | | | | | | | | | | |
| Department | | |  | | | | | | | | | | | | | | | | | |
| Account No. | | |  | | | Payroll Expense Type | | |  | | | | Line # |  | | | FTE | | |  |
| If part-time faculty, total credit hours or credit hour equivalent\* | | | | | | | | |  |  | | | | | | | | | | |
| \*Required field for part-time faculty. This number determines eligibility for health insurance. Your signature certifies the number is accurate. | | | | | | | | | | | | | | | | | | | | |
| Salary |  | | | | | | | Pay Mode |  | | Expected Total Compensation | | | | | | |  | | |
| Position Type | |  | | | | | | | Appointment Type | |  | | | | | | | | | |
| Professional Obligation | | | |  | | | | | If College Year is selected, specify obligation dates: | | | | | | |  | | | | |
| Effective Date | |  | | | | | | | Expiration Date | | |  | | | | | | | | |
| Essential Service Designation: | | | | |  | | | | | | | | | | | | | | | |
| Contract Stipulations or Notes: | | | | |  | | | | | | | | | | | | | | | |
| Resources to complete this form is available at http://hr.buffalostate.edu/hrm-procedures-manual or call HRM at ext. 4822. | | | | | | | | | | | | | | | | | | | | |

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| ***The following items are required before a contract can be generated:*** |
| Approved Position Release (required for annual salary rate positions with personal service resources)  Resume/Vita attached  Official Transcripts (confirmation of highest degree) attached  Reference Checks  Background Check Release (note date HRM confirmed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Obligation Form for Part-Time Faculty  Graduate Faculty Status (Attach copy of approved Graduate Faculty Appointment Form) |

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| **Approvals:** | | | | | | |
| 1. Supervisor/Department Head/Chair |  | Date |  | 4. Financial Management (FM) |  | Date |
| 2. Dean/Director/AVP |  | Date |  | 5. Human Resource Management |  | Date |
| 3. Provost / Vice President / CIO |  | Date |  | 6. President |  | Date |
| **Distribution:** Provost/VP/CIO, Supervisor/Dept Head/Chair, Dean/Director/AVP, Equity & Diversity, FM, HRM, Benefits, Payroll Rev 5/2020 | | | | | | |