## Buffalo State CLASSIFIED SERVICE APPOINTMENT FORM

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| **Employee Information:** | | | | | | | | | |
| Name: |  | |  | |  | | | |  |
|  | *Salutation* | | *Last Name* | | *First Name* | | |  | *M.I.* |
| Address: |  | | | | | | |  | |
|  | *Street Address* | | | | | | | *Apartment/Unit #* | |
|  |  | | | | |  | |  | |
|  | *City* | | | | | *State* | | *ZIP Code* | |
| Home Phone: | (   ) |  | | Cell Phone: | | (   ) |  | | |

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| **Appointment Information:** | | | | | | | | | | | | | | | |
| Effective Date: |  | | | | | | Termination Date (temps only): | | | | |  | | | |
| Budget Title: |  | | | | | | | | | Grade: |  | Jurisdictional Class: | | |  |
| Line Number: |  | | | Salary: $ | |  | | | Pay Mode: | |  | | | FTE: |  |
| Appointment Type: | | Temporary  Permanent  Contingent Permanent  Probationary  Shift | | | | | | | | | | | | | |
| Department: |  | | | | | | | | | | Account Number: | |  | | |
| Supervisor’s Name: | | |  | | | | | | | | Expected Total  Compensation (temps only): $ | | | |  |
| Essential Service Designation: | | | | |  | | | | | | | | | | |
| Background Check Release (note date HRM confirmed): | | | | | | | |  | | | | | | | |

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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 |  |  |  |  |

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| **HRM Use Only:** | | | | | | | | | | | |
| Civil Service Clearance Code: | |  | | Civil Service List Title: | | | |  | | | |
| Civil Service List No.: |  | | Civil Service Certification No.: | | | |  | | | Exam Score: |  |
| Previous State Agency: |  | | | | | | | | | | |
| Budget Title/Grade: |  | | | | Employment Dates: | | | |  | | |
| SUNY HR | | NYSTEP | | | | Revised 4/2019 | | | | | |
| **Distribution:**  Supervisor/Department Head  Dean/Director/AVP  FM  HRM  Benefits  Payroll | | | | | | | | | | | |