

SUNY OSWEGO Unclassified Service Appointment Form (revised 01/13/2009)



Appointment Type:

Annual___ Semester___
Term ___ Temporary___ Continuing___ Permanent___ M/C_____

Name: _____

Social Security # _____ DOB _____ Line # _____

Home address: _____

City _____ State _____ Zip _____

Campus address: _____

Full-time _____ Part-time % _____ Salary: _____

Effective dates: From _____ To _____

Previous individual in this position: _____

Department: _____ Acct. to which this appointment will be charged: _____

Official Title: _____

Local Title: _____

Teach courses entitled:

For all Appointments attach:

- _____ Resume/Vita
- _____ I-9
- _____ Official Transcripts

For Part-time Appointments:

- _____ Maintain office hours as appropriate
- _____ Other

APPROVAL/REVIEW SIGNATURES

DATE

_____/_____
Chair/Supervisor

_____/_____
Dean/Administrative Officer

_____/_____
Vice President

_____/_____
Budget Office

_____/_____
Human Resources/Affirmative Action

_____/_____
President