

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