



Appointment Request

INSTRUCTIONS: 1. This form should be used to request appointment of all **academic, professional and classified service staff** funded from State (including temporary service), IFR and DIFR funds. A "Position Authorization Request" (Form HRM-1) should be submitted in advance of making any appointment.
2. Go to <http://hr.albany.edu/content/hrm-2dir.doc> for detailed directions.

TO BE COMPLETED BY EMPLOYEE

Employee's Name (First Name, M.I., Last Name)		Social Security Number	Date of Birth	Sex (F/M)	Home Phone #	Period #	
Home Address: Street	Apt./Box	City	State	Zip Code	Birthplace	Country of Citizenship	Visa Type
Ethnic Group <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic (White) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic (Other)				Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Vet. Stat.	
Current Univ. at Albany Student <input type="checkbox"/> Yes <input type="checkbox"/> FT <input type="checkbox"/> No <input type="checkbox"/> PT	Number of Degrees (Attach Resume or C.V.) Assoc. Bachelors Masters Doctoral 1st Prof.			Highest Degree Information Degree Discipline Institution Date			
Extra Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Most recent previous or present State position Name of agency:		Title	Term. Date	Prev. Retirement Sys. <input type="checkbox"/> ERS <input type="checkbox"/> Other <input type="checkbox"/> TRS		

TO BE COMPLETED BY DEPARTMENT

Department		Charge Account	Supervisor's Name		Phone No.	Email Address
Check Drop (Account Number)		Employee's Campus Address		Employee's Campus Phone	Employee's Email Address	
Effective Date	Line Number	Budget Title (Indicate Campus Title in Remarks)			Rank/Grade	Annual Obligation <input type="checkbox"/> Academic Year <input type="checkbox"/> Other-Specify # <input type="checkbox"/> Calendar Year (12M) of months: _____
Salary Rate Basis (explanation in directions) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly (schedule in remarks) <input type="checkbox"/> Fee <input type="checkbox"/> For the period (FTP)		Salary Rate	PT %	Hrs/Wk (if hourly)	Shift Hrs (C.S. only)	Pass Days (C.S.)
Stipend Amnt.	Purpose	Stipend Duration from _____ to _____		No. of Courses	Course Number(s)	
If Temporary Appointment, indicate duration: <input type="checkbox"/> Temporary Appointment from _____ to _____				If Term Appt (Professional Service Only), indicate duration: <input type="checkbox"/> Term Appointment ____ yrs. from _____ to _____		

REMARKS

Search/Posting# _____

APPROVALS

ADMINISTRATIVE REVIEW

Supervisor/ Department Head _____ Date _____	HRM-1# _____ Financial Mgmt. & Budget _____
Dean/Asst/Assoc VP _____ Date _____	Affirmative Action _____
VP/ President _____ Date _____	Human Resources Mgmt. _____