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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| logo_150_bt | | | | **FACULTY APPOINTMENT APPROVAL FORM**  This will become the formal notice of appointment upon completion of all approvals listed. | | | | | | | | | | | | |
| **Legal Name:** | |  | | | | | | | | | |  | **Banner ID:** | | |  |
|  | | | | | | | | | | | | | | | | |
| **POSITION/JOB INFORMATION** | | | | | New  Renewal | | **Personnel**  **Bulletin No.:** | | FY |  | | **Previous Incumbent:** | | |  | |
| **Campus:**  SIUC | Alton  E St Louis | | Edwardsville  Springfield | | | **Box** |  | **Bldg. & Rm. No.** | | |  | | | **Phone w/Prefix:** | |  |
|  | | | | | | | | | | | | | | | | |

*\*\*Please do not use the delete key or backspace key in the Hrs. Per Pay column or the Actual Assign Salary column.\*\**

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| Posn Title/Rank | Posn No. | Full-Time Semi-Mo Salary  Base | Apt. Perct:  (4 decimal places max., e.g., 33.33) | \*\*Hrs. Per Pay (F9 to calc) | \*\*Actual  Assign Salary (F9 to calc) | Sal Hold (Y/N) | Account Title | Org/  DDU | AIS  Budget  Purpose |

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| GRANTS OFFICE APPROVAL (Grant Accounts Only): | | | | Approved by: | | |  | | | Date: | |  | |

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| **APPOINTMENT TYPE & APPOINTMENT PERIOD:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| ***Continuing:*** | | | Academic  Fiscal\* | | | | | | Beginning | |  | | | | | (Semester/yr or mo/day/yr) | | | | | | | | | | | |
|  | | | \*If fiscal, normal fiscal year will be from: | | | | | | | |  | | | (mo/day) | | | through | | | | |  | | | | (mo/day) each year. | |
|  | | | Summer Academic | | | | | | Beginning | |  | | | | (mo/day/yr) | | | | through | | | |  | | | | (mo/day/yr) |
| (A continuing appointment is renewed automatically each year, excluding Summer, unless the appointee is given notice as specified in the applicable personnel policies. Summer appointments assigned to continuing, tenure-track faculty do not count toward tenure.) Summer academic appointments are subject to July 1 salary increase, when applicable, unless otherwise noted below as a condition of appointment. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***NTT Established*** | | | | Academic  Summer Academic | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Beginning | | |  | | | | | | | | | through | | | | |  | | | | | | |
|  | | | |  | | | (Semester/year or mo/day/yr) | | | | | | | | |  | | | | | (Semester/year or mo/day/yr) | | | | | | |
| ***(***An Established appointee is a non-tenure track faculty who has completed their probationary period.) Summer academic appointments are subject to July 1 salary increase, when applicable, unless otherwise noted below as a condition of appointment. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Term:*** | Academic  Fiscal  Summer Academic | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Beginning | | |  | | | | | | | | | through | | | | |  | | | | | | |
|  | | | |  | | | (Semester/year or mo/day/yr) | | | | | | | | |  | | | | | (Semester/year or mo/day/yr) | | | | | | |
| (A term appointment is written for a specified period of time and may be renewed. Notice of non-renewal, other than the terminal date of this appointment as stated herein, is not required and shall not be given. If an appointment period set forth under a collective bargaining agreement conflicts with this provision, the collective bargaining agreement’s terms and conditions shall prevail.) Summer academic appointments are subject to July 1 salary increase, when applicable, unless otherwise noted below as a condition of appt. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONDITIONS OF APPOINTMENT/DESCRIPTION OF RESPONSIBILITIES:** *(Include position description. Attach a separate statement if necessary)*  This extra service is over and above services required by the current budgeted contract. It will not affect performance under such contract. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If related by blood or marriage to any member of the Board of Trustees, please state relationship:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **READ BEFORE SIGNING:** The applicant agrees that if appointed his or her conditions of employment will include the laws of Illinois, including Board of Trustees legislation, and all policies, regulations, including those of SIUE, from time to time issued pursuant thereto, all of which will be as much a part of the applicant's employment contract as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment or renewal of the appointment. It is a condition of employment that each appointee agrees to abide by the provisions of the University Patent and (or) Copyright Policy and any contractual obligations of the University to others with reference to discoveries, inventions, improvements, composition or creations made, produced, developed, actually or constructively reduced to practice or perfected during the term of employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Appointee’s Signature** | | | | |  | | | | | | | | | | | | | | | | | | **Date** | |  | | |
| **I am a retiree, as defined by the State Universities Retirement system.**  **yes**  **no** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As defined by the Office of the Secretary of State and based on the responsibilities assigned to this position, the employee will be required to complete a Statement of Economic Interest. URL for filing information, including criteria: http://ethics.siu.edu/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RECOMMENDATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Chair/Supervisor Signature & Date | | | | | | | |  | Dean/Dir./Fiscal Officer Signature & Date | | | | | | | | |  | | Vice Chancellor Signature & Date | | | | | | | |
|  | | | | | | | |  |  | | | | | | | | |  | |  | | | | | | | |
| Chair/Supervisor Signature & Date | | | | | | | |  | Dean/Dir./Fiscal Officer Signature & Date | | | | | | | | |  | | Vice Chancellor Signature & Date | | | | | | | |
| **ACCEPTED BY DIRECTOR OF HUMAN RESOURCES:** | | | | | | | | | |  | | | | | | | | | | | | | **Date** | |  | | |
| APPOINTMENT: Subject to the requirements of the Board of Trustees' Policy on Personnel Approval, you are hereby appointed to the position described above. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHANCELLOR** | |  | | | | | | | | | | | | | | | | | | | | | **Date** | |  | | |
| Date approved/ratified by President: | | | | | |  | | | | | | | Date ratified by Board of Trustees: | | | | | | | | | | |  | | | |

FICA  SURS  Medicare  1/23/2015 – previous versions obsolete