

"Acting" positions may not be given an appointment period which exceeds one year.

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Legal Name: _____ Banner ID: _____

Campus: Alton ESL Edw Spfld SIUC Box: _____ Bldg & Rm No.: _____ Phn w/Prefix: _____

POSITION/JOB INFORMATION **CURRENT STATUS:**

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

POSN TITLE/RANK	POSN No.	Hourly Rate	Appt. Percent (4 decimal places max, e.g., 33.33)	Sal Hold (Y/N)	Account Title	Org/ DDU	AIS Budget Purpose

CHANGE STATUS TO:

GRANTS OFFICE APPROVAL (Grant Accounts Only): _____ Approved By: _____ Date: _____

EFFECTIVE DATE(S) FOR CHANGE: Beginning _____ Ending _____ or Continuing
Admin/Professional Staff: Administrative Staff Continuing Administrative Staff Term
 Professional Staff Regular (IEA/NEA) Professional Staff Durational (IEA/NEA)

COMMENTS & JUSTIFICATION:

This extra service is over and above services required by the current budgeted contract. It will not affect performance under such contract.

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 and regulations, including those of SIUE, from time to time issued pursuant thereto, and any applicable collective bargaining agreement, 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.

Signature of Staff Member Date

Please sign and make a file copy before forwarding.

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 info., including criteria: <http://ethics.siu.edu/>

RECOMMENDATION:

Chair/Supervisor _____	Date _____	Dean/Dir./Fiscal Officer _____	Date _____	Vice Chancellor _____	Date _____
Chair/Supervisor _____	Date _____	Dean/Dir./Fiscal Officer _____	Date _____	Vice Chancellor _____	Date _____

ACCEPTED BY OFFICE 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 _____

PAYROLL STAFF: NBAJOBS: Job Labor Dist Changed New Eff Dated Job Detail Record Created with Labor Dist Change Reason Code **PHAREDS:** Completed NA

FICA SURS Medicare