

*"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		
Position Title/Rank	Posn No.	Hourly Rate	Appt. Pct. (eg, 33.33)	Salary Hold (Y/N)	Account Title	Org/DDU	AIS Budget Purpose
					<b>CHANGE STATUS TO</b>		

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