



ADMINISTRATIVE & PROFESSIONAL STAFF APPOINTMENT APPROVAL FORM

(This will become the final notice of appointment upon completion of all approvals listed.)

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

Legal Name: _____ Banner ID: _____

POSITION/JOB INFORMATION

Campus: Alton Edwardsville
E St. Louis SIUC Springfield

New
Renewal

Posting No.: FY _____

Previous
Incumbent: _____

HireTouch Job ID: FY _____

Box _____ Bldg. & Rm. No. _____ Phone w/ Prefix: _____

Position Title/ Rank	Posn. No.	Full-Time Semi-Mo. Sal. Base	Appt. Pct. (4 dec. places max)	Hours Per Pay	Actual Assigned Salary	Sal. Hold	Account Title	Org/DDU	AIS Budget Purpose

Acting
Interim

Grants Office Approval (for Grant Accounts Only)

Approved by: _____ Date: _____

APPOINTMENT TYPE & PERIOD

Regular From _____ (mo/day) through _____ (mo/day) each year

**Professional Staff
(Bargaining):**

Duration From _____ (term/yr or mm/dd/yyyy) through _____ (term/yr or mm/dd/yyyy)

(A regular appointment is subject to termination only as provided in the applicable collective bargaining agreement. A durational appointment may be used only for replacement of a regular appointee on leave or for a specific project of a limited duration.)

**Administrative Staff
(Non-Bargaining):**

Continuing From _____ (mo/day) through _____ (mo/day) each year

Term From _____ (term/yr or mm/dd/yyyy) through _____ (term/yr or mm/dd/yyyy)

(A continuing appointment is renewed automatically each year unless the appointee is given notice as specified in the applicable personnel policies. 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 the appointment as stated herein, is not required and shall not be given.)

CONDITIONS OF APPOINTMENT/DESCRIPTION OF RESPONSIBILITIES

(Include position description. Attach a separate state 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 the relationship: _____

READ BEFORE SIGNING: The applicant agrees that if appointed, their 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, compositions or creations made, produced, developed, actually or constructively reduced to practice or perfected during the term of employment as well as comply with any and all applicable United States export control and trade laws and regulations. I am a retiree as defined by the State Universities Retirement System (SURS). Yes No

Appointee's Signature: _____ Date: _____

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. For filing information and criteria, visit <https://siusystem.edu/ethics/statement-of-economic-interests.shtml>.

RECOMMENDATION:

Chair/Supervisor Signature & Date

Dean/Dir./Fisc. Offr. Signature & Date

Vice Chancellor Signature & Date

Chair/Supervisor Signature & Date

Dean/Dir./Fisc. Offr. Signature & Date

Vice Chancellor Signature & 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 approved/ratified by President: _____

Date approved/ratified by Board of Trustees: _____