

(This will become the formal 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 : \_\_\_\_\_

<b>POSITION/JOB INFORMATION</b>	<input type="checkbox"/> New <input type="checkbox"/> Renewal	Hire Touch Job ID: _____	Posting #: _____ FY	Previous Incumbent: _____
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Campus:  Alton  Edwardsville  E St Louis  SIUC  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.\*\***

POSN TITLE	POSN No.	Full-Time Semi-Mo Salary Base	Appt. Percent: (4 decimal places max. e.g., 33.33)	**Hrs. Per Pay	**Actual Assign Salary	Sal Hold (Y/N)	Account Title	Org/ DDU	AIS Budget Purpose

**GRANTS OFFICE APPROVAL (Grant Accounts Only):** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPOINTMENT TYPE & APPOINTMENT PERIOD:**

**Professional Staff (Bargaining):**  Regular  Durational Beginning \_\_\_\_\_ (term/yr or mo/day/yr) through \_\_\_\_\_ (term/yr or mo/day/yr – durational appts only)

If regular, appointment period will be from: \_\_\_\_\_ (mo/day) through \_\_\_\_\_ (mo/day) each year.  
 (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:**  Continuing  Term Beginning \_\_\_\_\_ (term/yr or mo/day/yr) through \_\_\_\_\_ (term/yr or mo/day/yr – term appts only)

If fiscal, appointment period will be from: \_\_\_\_\_ (mo/day) through \_\_\_\_\_ (mo/day) each year.  
 (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 this appointment as stated herein, is not required and shall not be given.)

**CONDITIONS OF APPOINTMENT/DESCRIPTION OF RESPONSIBILITIES:** (Include position description. Attach separate statement if necessary)

**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 as well as comply with any and all applicable United States export control and trade laws and regulations.

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:**

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 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: \_\_\_\_\_