**STUDENT APPOINTMENT FORM**

Office of Human Resource Services • McMurray Hall, Room 209

Tel: 718-409-7303 • Fax: 718-409-7354

***NOT TO BE USED FOR REGULAR EMPLOYEE APPOINTMENTS.***

***Please print using black or blue ink pen.***

|  |
| --- |
| **STUDENT INFORMATION** |

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME:**(Last Name, First Name, Middle) | **DATE OF BIRTH:**(Month/Day/Year)**\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_** | **GENDER:** Male Female |
| **IS THE STUDENT FULL-TIME?:**YES NO | **TELEPHONE:** | **ALTERNATE TELEPHONE:** |

***Select one***

**Student Assistant**

(Student compensated solely at the discretion of the Department budget)

**College Work Study**

(Student has Financial Aid allotted funds that depletes throughout the semester)

|  |
| --- |
| **ACCOUNT/DEPARTMENT INFORMTATION** |
| **SELECT ONE:** **New Appointment Re-Appointment Additional Position Termination Pay Rate Change** |
| **DEPARTMENT:** | **EFFECTIVE DATE OF EMPLOYMENT:**(Month/Day/Year)**\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HOURLY RATE:** | **BUDGET CAP (NOT TO EXCEED AMOUNT)** |
| **TYPE OF WORK/COMMENTS:** | **ACCOUNT #** |
| **APPOINTMENT DATES (CHECK ONE ONLY):** **FALL SEMESTER SPRING SEMESTER SUMMER SESSION** | **LUMP SUM PAYMENT/STIPEND** |

**By checking the box below, you agree to the following statement.**

*I, Department Supervisor/Chair have received a copy of the above student’s current semester class schedule for my record keeping, and verified that he/she may work the hours indicated on the Student Employment Application.*

**NOTE: *Department Supervisor/Chair must attach a job description to this form. The job description will describe the duties in which the student will be assigned to perform while being employed with SUNY Maritime College.***

**Department Supervisor/Chair Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Supervisor/Chair Print Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **APPROVALS** | **FOR HR ADMINISTRATIVE USE ONLY** |
| **BUDGET OFFICER:** | **LINE #:** |
| **CHIEF FINANCIAL OFFICER:** | **PROCESSOR INITIALS:** |