

APP 1, APP 2, and APP Express		<b>REQUEST TO SEARCH AND HIRE</b>		(instructions on reverse side)																	
<b>Section 1: General Information on Position (This section to be completed by initiating office)</b>																					
Department: <u>④③</u>		Line# _____		Effective Date: From <u>②</u> To _____																	
Title (Official): <u>③</u>		Title (Local): _____																			
Commitment: F/T _____ P/T % _____		Salary: \$ _____		Salary Grade: _____																	
Obligation: College Year _____		Calendar Year _____		Academic Year _____																	
<b>Section 2: This Section to be completed by the Dean's/Administrative Officer's Office and Budget</b>																					
<b>Pay Basis:</b> _____ Annual _____ Biweekly _____ Hourly  <b>Total FY Cost:</b> _____		<b>Funding from:</b> Account Name: <u>④③</u> Account Number: <u>③</u>  <b>Funding:</b> PSR _____ Temp Service _____ IFR _____ Other _____		<b>Transfer funds: TO or FROM</b> Account Name: _____ Account Number: _____  PSR _____ Temp Service _____ OTPS _____ <b>Comments:</b> _____																	
<b>⑥ Section 3: APP Express (for actions affecting current employees only)</b>																					
<b>Name:</b> _____ <b>Address:</b> _____  <b>Check appropriate action as listed below:</b> _____ Renewal of Term Appointment (for term ending: _____) _____ Renewal of Temp Appointment (for appointment ending: _____) _____ Extra Service Payment (Note course/days per week in comment section below) _____ Promotion _____ Department Chair Appointment _____ Permanent (Professional) Appointment _____ Continuing (Faculty) Appointment _____ Summer Session _____ Other (describe)  <b>COMMENTS:</b> _____		<table border="0" style="width: 100%;"> <tr> <th style="text-align: left; width: 80%;">APPROVAL/REVIEW SIGNATURES:</th> <th style="text-align: left; width: 20%;">DATE:</th> </tr> <tr><td>Chair/Supervisor</td><td>_____</td></tr> <tr><td>Dean/Administrative Officer</td><td>_____</td></tr> <tr><td>Vice President</td><td>_____</td></tr> <tr><td>Payroll Director</td><td>_____</td></tr> <tr><td>Budget Office</td><td>_____</td></tr> <tr><td>Human Resources/Employee Services</td><td>_____</td></tr> <tr><td>President</td><td>_____</td></tr> </table>				APPROVAL/REVIEW SIGNATURES:	DATE:	Chair/Supervisor	_____	Dean/Administrative Officer	_____	Vice President	_____	Payroll Director	_____	Budget Office	_____	Human Resources/Employee Services	_____	President	_____
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<b>Section 4: APP 1 - REQUEST TO SEARCH (to be completed by initiating office)</b>																					
<input type="checkbox"/> Search Requested: Search # _____  <input type="checkbox"/> Waiver of Search Requested: Attach justification for waiver and complete Section 5 below. <b>Person responsible for search:</b> _____ <b>Date position vacated:</b> _____ <b>Previous incumbent:</b> _____ <b>Justification:</b> _____		<table border="0" style="width: 100%;"> <tr> <th style="text-align: left; width: 80%;">SEARCH APPROVAL/REVIEW SIGNATURES:</th> <th style="text-align: left; width: 20%;">DATE:</th> </tr> <tr><td>Chair/Supervisor</td><td>_____</td></tr> <tr><td>Dean/Administrative Officer</td><td>_____</td></tr> <tr><td>Vice President</td><td>_____</td></tr> <tr><td>Payroll Director</td><td>_____</td></tr> <tr><td>Budget Office</td><td>_____</td></tr> <tr><td>Human Resources/Employee Services</td><td>_____</td></tr> </table>				SEARCH APPROVAL/REVIEW SIGNATURES:	DATE:	Chair/Supervisor	_____	Dean/Administrative Officer	_____	Vice President	_____	Payroll Director	_____	Budget Office	_____	Human Resources/Employee Services	_____		
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<b>Section 5: APP 2 - REQUEST TO HIRE (to be completed by initiating office)</b>																					
<b>⑦ Name:</b> <u>John Doe</u> <b>Social Security #:</b> <u>XXX-XX-XXXX</u> <b>Home Address:</b> <u>123 College Way</u> <u>Onondaga, NY 13820</u> <b>Campus Address:</b> <u>Office #</u> <b>Phone:</b> _____ <b>Campus Supervisor:</b> <u>Dept. Chair</u> <b>Employed by another State Agency?</b> _____ Yes _____ No <b>If so, where:</b> _____ <b>Retired from State Agency?</b> _____ Yes _____ No <b>If so, where:</b> _____ <b>Appointment type:</b> _____ Probationary _____ Term _____ Continuing <input checked="" type="checkbox"/> Temp _____ Permanent _____ Other _____ <b>⑨ Student Advisement:</b> _____ Yes _____ No <b>⑩ For Part-time Faculty, list courses:</b> <u>If term temp, must list Spring also</u> <b>Fall:</b> <u>Hist 145-04 3sh</u> <b>Spring:</b> <u>Hist 145 1sec.</u>		<table border="0" style="width: 100%;"> <tr> <th style="text-align: left; width: 80%;">HIRE APPROVAL/REVIEW SIGNATURES:</th> <th style="text-align: left; width: 20%;">DATE:</th> </tr> <tr><td>Chair/Supervisor</td><td>_____</td></tr> <tr><td>Dean/Administrative Officer</td><td>_____</td></tr> <tr><td>Vice President</td><td>_____</td></tr> <tr><td>Payroll Director</td><td>_____</td></tr> <tr><td>Budget Office</td><td>_____</td></tr> <tr><td>Human Resources/Employee Services</td><td>_____</td></tr> </table>				HIRE APPROVAL/REVIEW SIGNATURES:	DATE:	Chair/Supervisor	_____	Dean/Administrative Officer	_____	Vice President	_____	Payroll Director	_____	Budget Office	_____	Human Resources/Employee Services	_____		
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## Instructions for Completing APP Form for Adjuncts

Please fill in the following:

- #1 Department Name
- #2 Effective Dates:  
For FY12/13 Adjuncts – Fall 8/16/12-1/2/13; Spring 1/3/13-5/22/13
- #3 Title is Adjunct
- #4 Department Name
- #5 Department Account No.
- #6 Do Not Complete: **Section 3** is completed ONLY for full-time faculty who are doing extra service, etc. as stated.
- #7 Adjunct's name  
Social Security # - must have it filled in if they want to get paid  
Home address  
Campus address – office where they will get their mail  
Campus phone
- #8 This is important information to get as it affects payroll paperwork needed to be done.
- #9 If this person is going to be assigned students to advise, you must check yes. If there is no check in either box, it will be assumed that the person will not be doing advisement.
- #10 Please list the courses including the section number this person will be teaching – CRN is also helpful to have.

**It is extremely important to have accurate information in Section 5!** Human Resources and Payroll generate the contract letter and the salary for the adjunct from this section. If, after submitting the APP, the adjunct's schedule must be changed, please send a request to change the schedule and revise the APP (e-mail is fine for this) to your Dean and Cindy Magee.

\* \*\*For those adjuncts who are term temp (have completed 6 or more consecutive semesters here), you must include both fall and spring courses on the Fall APP. Since you will not know what the spring courses will be when doing the fall APP, you can just list the Spring course i.e. HIST 101 and just say 1 section instead of a specific section number. Reminder: If the adjunct's schedule changes (i.e. teaches more or less sections than what was stated), you will need to do a revision notice to the appropriate Dean and Cindy Magee.

If the adjunct has never taught for the College, please write the word, NEW, next to the person's name. This tells us that the person must be entered into the BANNER system as an instructor.

### Instructions for Completing APP Form for a Full-time Faculty person doing Extra Service

Please fill in the following:

- #1 Department Name
- #2 Effective Dates:  
This is the date of the first class and the date of the last class (date of Final exam)
- #3 Title is Assistant, Associate, or full Professor according to individual's rank.
- #4 Department Name
- #5 Department Account No.
- #6 Complete **Section 3** – check extra service payment. Under comments please include the course number, section no., days and time the course meets and s.h. of the course.

If you have any questions, you can call

at 436-3405. Thank you.

**Instructions for Completing APP Form for a Full-time Faculty person doing Extra Service**

Please fill in the following:

- #1 Department Name
- #2 Effective Dates:  
This is the date of the first class and the date of the last class (date of Final exam)  
or the actual date or dates the person will be working
- #3 Title is Assistant, Associate, or full Professor according to individual's rank.
- #4 Department Name
- #5 Department Account No.
- #6 Complete **Section 3** – check extra service payment. Under comments please include the course number, section no., days and time the course meets and s.h. of the course or a description of the duties the person will be completing such as attending XXX workshop, etc.

If you have any questions, you can call 436-3405. Thank you.