

State University of New York College at Cortland
Abbreviated Reappointment Form
 Part-time: Academics, Professionals and GA/TA's

Form #7
 Revised 3/27/13 YELLOW ORIGINAL

Check if Supersede

Employee: _____ Department: _____
 Home Address: _____
 Campus title: _____ Account #: _____ PSR Temp Service
 Budget Title/Salary Level: _____
 Semester/Obligation: Fall 20____ Spring 20____ Full Academic Year 20____ Other: _____
 Appointment Dates: _____ To _____
 Salary: _____ Current plus applicable raise
 (For academic departments salary will be at current course rate unless justification is attached.)

<i>To Be Completed for Faculty Reappointments</i>	
Consecutive Semesters #: _____	
Appointment Type: _____	
Workload (check all that apply):	
<input type="checkbox"/> Credit Hours per semester	_____
<input type="checkbox"/> Contact Hours per semester	_____
<input type="checkbox"/> Student Teaching Plcmt per sem.	_____
FTE:	Course Equiv.

<i>Specific Obligation/Notes</i>

 (Signature – Department Head)

 (Date)

 (Signature – Next Level Supervisor)

 (Date)

Vice President's Signature required below if teaching more than 2 courses/sem. and/or being paid above maximum.

 (Signature – Vice President)

 (Date)

<i>Payroll Use – Salary calculations:</i>				<i>By:</i> _____	<i>Date:</i> _____
<input type="checkbox"/> CHE					
<input type="checkbox"/> Contact Hrs	_____	x	\$ _____	=	\$ _____
<input type="checkbox"/> Placements	_____ #		_____ rate		
<input type="checkbox"/> Other	_____				
<input type="checkbox"/> CHE					
<input type="checkbox"/> Contact Hrs	_____	x	\$ _____	=	\$ _____
<input type="checkbox"/> Placements	_____ #		_____ rate		
<input type="checkbox"/> Other	_____				\$ _____
				AYT:	\$ _____
Payroll Dates: _____ to _____ #PP's _____				BIW:	\$ _____

Human Resources:

Budget Office:

Line #: _____ Date _____ By _____ B.E. Y / N

Date _____ By _____