

- Continuing Appointment
- Change
- Termination
- Superseding Appointment

CLARKSON UNIVERSITY

FACULTY REAPPOINTMENT

Payroll Authorization

Date: _____

Name: _____ Employee No.: _____

Department: _____ Supervisor's Name: _____

Department Location: _____ Supervisor's Employee #: _____

Job Title: _____ Employee Phone #: _____

Effective Date: _____ Employee Campus Box #: _____

Ending Date: _____ or A.Y. 20____

For the following section select a Pay Group and fill out the information for that group only:

Faculty (check one)
Employee Status: ___ Regular ___ Temporary ___ Part Time
 If a part-time faculty member, %FTE _____

Sabbatical (check one) **Unpaid Leave**
 ___ Type I ___ Type II ___ Type III Dates: From _____ to _____
 Dates: From _____ to _____

Account Number: _____ Percentage: _____
 Fund Dept or Proj Acct

Account Number: _____ Percentage: _____
 Fund Dept or Proj Acct

Account Number: _____ Percentage: _____
 Fund Dept or Proj Acct

Compensation Rate: (Full Annual) Effective date: _____ \$ _____

Compensation Rate (Full Annual) Effective date: _____ \$ _____

Remarks: _____

SIGNATURE _____ Date _____
 Department

SIGNATURE _____ Date _____
 Dean

SIGNATURE _____ Date _____
 Provost

SIGNATURE _____ Date _____
 Human Resources

SIGNATURE _____ Date _____
 Business & Finance Office

SIGNATURE _____ Date _____
 Division of Research

- Workflow**
- ___ Originating Dept.
 - ___ Dean of School
 - ___ Provost
 - ___ Human Resources
 - ___ Director of Budgets
 - ___ Payroll