

STATE UNIVERSITY OF NEW YORK COLLEGE AT BROCKPORT

OFFER SUMMARY FOR NEW APPOINTMENT

EMPLOYEE NAME: _____

DATE OF BIRTH: _____ SS #: _____

DEPARTMENT / PROGRAM: _____

BUDGET TITLE: _____

LOCAL TITLE: _____

OBLIGATION (CALENDAR or COLLEGE YEAR): _____

LENGTH OF INITIAL APPOINTMENT (TERM): _____

BEGINNING SALARY: _____ VETERAN: ____ YES ____ NO

YEARS OF PRIOR SERVICE CREDIT TOWARD PERM APPOINTMENT: _____
(SATISFACTORY FT PRIOR SERVICE AT ANY ONE COLLEGE OF THE UNIVERSITY – 3 YRS MAX ALLOWED)

COMPUTER/OFFICE EQUIPMENT: _____

OTHER EQUIPMENT: _____

OTHER START-UP/SUPPORT COSTS: _____

MOVING EXPENSES TO BE REIMBURSED: YES ____ NO ____ MAXIMUM: _____

OTHER AGREEMENTS/PROVISIONS: _____

IF SELECTED, HEALTH INSURANCE BEGINS ON 43RD DAY OF EMPLOYMENT
FOR MORE INFORMATION ON BENEFITS, SEE WWW.BROCKPORT.EDU/HR/BENEFITS

HIRING MANAGER: _____ DATE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____