

STATE UNIVERSITY OF NEW YORK COLLEGE AT BROCKPORT  
OFFICE OF ACADEMIC AFFAIRS  
**OFFER SUMMARY FOR NEW FACULTY APPOINTMENT**

FACULTY MEMBER'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

DEPARTMENT/PROGRAM: \_\_\_\_\_

RANK: \_\_\_\_\_ BEGINNING SALARY: \_\_\_\_\_

PRIOR SERVICE CREDIT TOWARD CONTINUING APPOINTMENT: \_\_\_\_\_

OBLIGATION (ACADEMIC YEAR OR SEMESTER: FTE): \_\_\_\_\_

LENGTH OF INITIAL APPOINTMENT (TERM): \_\_\_\_\_

TENURE REVIEW DATE (IF APPLICABLE): \_\_\_\_\_

COMPUTER/OFFICE EQUIPMENT: \_\_\_\_\_

OTHER EQUIPMENT: \_\_\_\_\_

OTHER START-UP/SUPPORT COSTS: \_\_\_\_\_

TEACHING WORKLOAD (COURSES PER TERM FOR FIRST YEAR): \_\_\_\_\_

MOVING EXPENSES TO BE REIMBURSED:  NO  YES MAXIMUM: \_\_\_\_\_

OTHER AGREEMENTS/PROVISIONS: \_\_\_\_\_

**\*IF SELECTED, HEALTH INSURANCE BEGINS ON 43<sup>RD</sup> DAY OF EMPLOYMENT\***

FOR MORE INFORMATION ON BENEFITS, SEE:

[HTTP://WWW.BROCKPORT.EDU/HR/NEWEMPLOYEES/HANDBOOKS/BENEFITS  
AT\\_A\\_GLANCE.HTML](http://www.brockport.edu/hr/newemployees/handbooks/benefits_at_a_glance.html)

SCHOOL DEAN: \_\_\_\_\_

DATE: \_\_\_\_\_

FACULTY MEMBER: \_\_\_\_\_

DATE: \_\_\_\_\_