



SOUTHERN CONNECTICUT STATE UNIVERSITY

University Assistant Appointment Form



Employee Information

Name: _____
(Title) (First Name) (MI) (Last)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____ **Banner ID:** _____

University Assistant (UA) Appointment Information

Period of Appointment: **Start Date:** _____ **End Date:** _____

Appointment Form Type (check either Hire, Rehire, Termination or Revision then provide specified details below the selection).

<input type="checkbox"/> Hire or <input type="checkbox"/> Rehire (indicate state service below) Has candidate worked for the State of CT? <input type="checkbox"/> No <input type="checkbox"/> Yes – Southern CT State University <input type="checkbox"/> Yes – Other State Agency (List Below): _____	<input type="checkbox"/> Termination Termination Effective Date: _____ _____	<input type="checkbox"/> Revision (check revision type below) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Salary / Funding Adjustment</td> <td style="width: 50%;"><input type="checkbox"/> Schedule Adjustment</td> </tr> <tr> <td><input type="checkbox"/> Supervisory Change</td> <td><input type="checkbox"/> Other (please explain below)</td> </tr> </table>	<input type="checkbox"/> Salary / Funding Adjustment	<input type="checkbox"/> Schedule Adjustment	<input type="checkbox"/> Supervisory Change	<input type="checkbox"/> Other (please explain below)
<input type="checkbox"/> Salary / Funding Adjustment	<input type="checkbox"/> Schedule Adjustment					
<input type="checkbox"/> Supervisory Change	<input type="checkbox"/> Other (please explain below)					

Additional Information:

Does the position already exist within the department? ☐ Yes ☐ No **Last Incumbent:** _____

Supervisor: _____ **Department:** _____

Supervisor Email: _____ **Supervisor Phone:** _____

Salary for Current Fiscal Year				
\$ _____	x	_____	x	_____ = \$ _____
<small>Rate/Hour</small>		<small>Hours Per Week</small>	<small>of Weeks</small>	<small>Annual Salary (\$24,000 or less)</small>

Weekly Schedule				
Mon	Tues	Wed	Thur	Fri

Funding Information

Fund # _____	Org # _____	Account # _____	Program # _____	<input type="checkbox"/> Grant Funded
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Approval Signatures

Chairperson / Department Head	Date: _____
Dean / Admin Officer	Date: _____
Provost / Vice President	Date: _____
Sponsored Research (only if grant funded)	Date: _____
Chief Human Resources Officer (or designee)	Date: _____

-----FOR OFFICE OF HUMAN RESOURCES USE ONLY-----

Z-Index : _____	Position # _____	CORE Record # _____	CORE ID # _____
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Additional Information:

University Assistant Name: _____

Department: _____

University Assistant Job Description & Justification

Please use this page to describe the duties and justify the need for this University Assistant position within your department.

If the proposed UA is a matriculated student, then explain why student employment is not proposed. **Attach additional pages if needed.*

PLEASE NOTE:

- A UA cannot start work until they have completed the background check conducted by the Office of Human Resources.
- After the background check is successfully completed, HR will contact the applicant to complete new hire paperwork and sign the offer letter.
- A UA cannot be eligible to begin work until all paperwork has been signed and approval has been given by the Office of Human Resources.

IMPORTANT ATTACHMENTS REQUIRED:

- Resume/CV
- Background Authorization Form (for candidates who have had a break in employment from SCSU in excess of one year).

Position Justification:

Specific Duties (Define what duties/tasks the person will be performing):

Qualifications / Experience: