



FUND ALLOCATION

No.

FOR TEMPORARY SERVICE

I. To be completed by requesting department

Account number(s):

Name of Employee(s): Last First Middle Social Security Number

Employee(s) Address:

Department/Function:

Description of service to be performed:

Period of Employment: to and including

Amount of request: Rate x Time = Total

Functional Supervisor's Signature Date Administrative Supervisor's Signature Date

II. To be completed by Director of Human Resources

Rate Approval: (initials only)

III. To be completed by Director of Business Affairs

Remarks/Instructions:

IV. To be completed by the Vice President for Business & Finance

Approved Disapproved Signature Date

Employee Attestation

SUNY Delhi is offering you temporary or extra service employment as described above.

This temporary appointment may be terminated at will by the College and is limited to the period stated above. No contractual agreement or commitment exists between the College and you beyond this period, nor does this appointment establish any priority for future appointments. The offer is subject to and in accordance with the laws of the State and the Policies of the Board of Trustees.

Your signature below and the return of this contract constitute your acceptance of the above conditions as the complete and entire agreement between the parties. Please return this form with your signature to the Human Resources Office at your earliest convenience.

Employee Date

If approved, the appointee must report to the Human Resources Office prior to starting work.

Electronic distribution after approval: Human Resources, Payroll, Requestor, Requestor's Supervisor